

## COLD WORK PERMIT

<b>PTW Ref .No:</b>				<b>Contractor:</b>			
<b>Project Name:</b>				<b>No. of Employees involved</b>			
<b>Starting From</b>	<b>Date</b>		<b>Time</b>		<b>Expected Completion</b>	<b>Date</b>	<b>Time</b>
<b>Activity:</b>							
<b>Work Description:</b>							
<b>Location of job to be performed :</b>							
<b>Tool/Equipment to be used:</b>							
<b>Identify risk associated with this Cold Work</b>							
Fall from Height		Adverse Weather		Flying particles		Moving Vehicle/ Equipment	
Falling Debris/ Objects		Protruding objects, parts		Tripping / Slipping		Faulty Tool/ Material	
Noise		Heat		Vibration		Poor Illumination	
Other(Specify):							
<b>The following document must be attached with this permit</b>							
Method Statement		Risk Assessment		Other (specify):			
<b>Precaution require to complete the work safely</b>						<b>Yes</b>	<b>No</b>
Have tools and devices to be used been tested and adjusted?							
Have all hazards/hazardous related to the this activities identified and assessed?							
<input type="checkbox"/> Working at height	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Pressure Test	<input type="checkbox"/> Chemical				
<input type="checkbox"/> Electrical	<input type="checkbox"/> Saw/Cold cut	<input type="checkbox"/> Hot Surface	<input type="checkbox"/> Tool & Equipments				
<input type="checkbox"/> Dust	<input type="checkbox"/> Lifting						
Are permits associated require for this activity? if yes, mentioned below;							
<input type="checkbox"/> Hot Work <input type="checkbox"/> Working At Height <input type="checkbox"/> Excavation <input type="checkbox"/> Electrical <input type="checkbox"/> Confined Space to Entry							
Other (specify):							
<b>The following areas / items have been inspected by issuer and receiver</b>							
Access/Egress		Danger/Warning Sign		Lighting		Safety Barriers	
Hand Tools		Other (specify)					
<b>PPE Required for the activity</b>							
Helmet		Safety Shoes		Safety Gloves		Safety Ear Plugs/muff	
Safety goggles		Reflective Vest		Dust Mask		Safety clothes	
Other (Specify):							
<b>Issue and acceptance before work</b>							
<b>Acceptance of Work Permission by the person in-charge (Receiver)</b>							
I certify that, I have read and verified this work permit and checklist. I am aware of the risks that can be exposed to. I commit that I will be in line with all safety rules mentioned in work permit checklist and will not deflect any of them.							
<b>Permit Receiver Name:</b>				<b>Signature/Date:</b>			
<b>Authority to proceed by authorized person (Issuer)</b>							
I reviewed the work permission checklist and checked the working conditions. I have reviewed the all aspects of the task/activity and am satisfied with the arrangements as detailed in the “risk assessment” have been put in place and certify that the activity detailed above is authorized to proceed							
<b>Permit Issuer Name:</b>				<b>Signature/Date:</b>			
<b>Acknowledge by Contractor's Safety Engineer/Officer</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Verification by SEC Consultant (If appointed for the project)</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Clearance and cancellation after work or Suspension of permit</b>							
<b>Clearance. (Site Manager)</b>							
All men, materials, tools equipment, housekeeping etc under my charge have been withdrawn. The permitted work is complete / not complete.							
<b>Name:</b>				<b>Signature/Date:</b>			
<b>Suspension</b>							
This permit is suspended, I have notified the Authorized person specified that the work is not complete the area / equipment is not safe to use.							
<b>Name:</b>				<b>Signature/Date:</b>			

COLD WORK PERMIT

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)

1.
2.
3.
4.
5.

Permit Re-Validation

Sl. No	Date	Time	Issuer Signature	Receiver Signature	Contractor's Safety Signature	Verification by SEC Consultant	Remarks
1							
2							
3							
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This permit is valid for 7 days from the date of issue.

## CONFINED SPACE TO ENTRY PERMIT

<b>PTW Ref .No:</b>				<b>Contractor Name:</b>			
<b>Project Name:</b>				<b>Location:</b>			
<b>Starting From</b>	<b>Date</b>		<b>Time</b>		<b>Expected Completion</b>	<b>Time</b>	
<b>Work Description:</b>							
<b>Location of job to be performed:</b>							
<b>Tools/Equipments to be used:</b>							
<b>Identify risk associated with this confined space entry</b>							
Lack of Oxygen		Explosion		Biological		Noise	
Asphyxiation		Fire		Dust		Vibration	
Engulfment		Fume/Vapor		Hot		Traffic	
Other(Specify):							
<b>The following document must be attached with this permit</b>							
Method Statement		Risk Assessment		Other (specify):			
<b>Precaution require to complete the work safely</b>						<b>Yes</b>	<b>No</b>
Are atmospheric inspection made?							
<input type="checkbox"/> Oxygen: _____% (19.5 - 23.5 %) <input type="checkbox"/> Explosive: _____% LEL (Less than 10%) <input type="checkbox"/> CO _____PPM (less than 35 PPM -8hr) <input type="checkbox"/> H <sub>2</sub> S _____PPM (less than 10PPM - 8hr)							
Has appropriate ventilation provided after atmospheric inspection made?							
<input type="checkbox"/> Natural <input type="checkbox"/> Mechanical (state details).....							
Is appropriate communication system in place? if yes, state .....							
Are entrant and attendant very well known about emergency procedure?							
Does the work require access to hot work? If yes, obtain a Hot work permit							
If required, lockout /Tagout system is followed?							
Are emergency team available in place or contact number displayed at place?							
Contact Numbers: 1..... 2..... 3.....							
Other (specify):							
<b>The following areas / items have been inspected by issuer and receiver</b>							
Fire Extinguisher	Type .....	Quantity.....		Size.....			
Access/Egress		Danger/Warning Sign		Lighting		Log book register	
Gas Detector		<b>Other (specify)</b>					
<b>PPE Required for the activity</b>							
Helmet		Safety Shoes		Mechanical Gloves		Safety Ear Plugs/muff	
Safety goggles		Reflective Vest		Gas Mask		Safety Harness	
Gumboot		Dust Mask		Others (Specify):			
<b>Issue and acceptance before work</b>							
<b>Acceptance of Work Permission by the person in-charge (Receiver)</b>							
I certify that, I have read and verified this work permit and checklist. I have been informed about the risk assessment results. I am aware of the risks that can be exposed to. I commit that I will be in line with all safety rules mentioned in work permit checklist and will not deflect any of them.							
<b>Permit Receiver Name:</b>				<b>Signature/Date:</b>			
<b>Authority to proceed by authorized person (Issuer)</b>							
I reviewed the work permission checklist and checked the working conditions. I have reviewed the all aspects of the task/activity and am satisfied with the arrangements as detailed in the "risk assessment" have been put in place and certify that the activity detailed above is authorized to proceed							
<b>Permit Issuer Name:</b>				<b>Signature/Date:</b>			
<b>Acknowledge by Contractor's Safety Engineer/Officer</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Verification by SEC Consultant (If appointed for the project)</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Clearance and cancellation after work or Suspension of permit</b>							
<b>Clearance. (Site Manager)</b>							
All men, materials, tools equipment, housekeeping etc. under my charge have been withdrawn. The permitted work is complete / not complete.							
<b>Name:</b>				<b>Signature/Date:</b>			
<b>Suspension</b>							
This permit is suspended, I have notified the Authorized person specified that the work is not complete the area / equipment is not safe to use.							
<b>Name:</b>				<b>Signature/Date:</b>			

# **CONFINED SPACE TO ENTRY PERMIT**

**List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)**

1.

2.

3.

<b>Supervisor Name</b>		<b>Permit Ref. No</b>	
<b>Date</b>		<b>Location</b>	

Details of Entrants			
Entrant Name	ID No	Designation	Signature

Details of Attendants			
Attendant Name	ID No	Designation	Signature

## Entry Conditions

- Confined Space Permit must be in place
- If you fit for work (health fitness)
- If you have adequate/appropriate PPE

[illegible]

## ELECTRICAL (ISOLATION) PERMIT

<b>PTW Ref .No:</b>				<b>Date:</b>			
<b>Project Name:</b>				<b>Number of Employees</b>			
<b>Starting From</b>	<b>Date</b>		<b>Time</b>		<b>Expected Completion</b>	<b>Date</b>	<b>Time</b>
<b>Energized Lines/Equipment</b> <input type="checkbox"/>				<b>De-Energized Line/ Equipment</b> <input type="checkbox"/>			
<b>Work Description:</b>							
<b>Location of job to be performed :</b>							
<b>Tool/Equipments to be used :</b>							
<b>Identify risk associated with this Electrical work</b>							
Electrocution		Arc Flash		Flying particles		Noise	
Falling Objects		Protruding objects, parts		Tripping / Slipping		Electric shock	
Fire		Manual handling		Electric Burn		Near Overhead lines	
Other(Specify):							
<b>The following document must be attached with this permit</b>							
Method Statement		Risk Assessment		Other (specify):			
<b>Precaution require to complete the work safely</b>						<b>Yes</b>	<b>No</b>
Is the safe distance maintained?		Yes	No	Voltage ..... Distance .....			
Does the work require access to confined spaces? If yes, obtain a confined space entry permit							
Have all possible sources of electrical power been isolated, locked and properly tagged (LOTO)?							
Is below mentioned any one of Isolation in place and the isolation followed as per procedure? <input type="checkbox"/> Switch Out <input type="checkbox"/> Lockout/ Tag out    No. of Locks : .....							
Has it been confirmed by testing, that the lines / equipment are de-energized ?							
Have tools and devices to be used been tested and adjusted?							
Other (specify):							
<b>The following areas / items have been inspected by issuer and receiver</b>							
Fire Extinguisher	Type .....		Quantity.....		Size.....		
Access/Escape Route	Danger/Waning Sign		Lighting		Safety Barriers		
Stick	Portable Radio		<b>Other (specify)</b>				
<b>PPE Required for the activity</b>							
Helmet	Safety Shoes		Electrical Gloves		Half Mask		
Safety goggles	Reflective Vest		Dust Mask		Safety clothes		
Face shield	Arc flash PPE		Safety Ear Plugs/muff		Other:		
<b>Issue and acceptance before work</b>							
<b>Acceptance of Work Permission by the person in-charge (Receiver)</b>							
I certify that, I have read and verified this work permit and checklist. I have been informed about the risk assessment results. I am aware of the risks that can be exposed to. I commit that I will be in line with all safety rules mentioned in work permit checklist and will not deflect any of them.							
<b>Permit Receiver Name:</b>				<b>Signature/Date:</b>			
<b>Authority to proceed by authorized person (Issuer)</b>							
I reviewed the work permission checklist and checked the working conditions. I have reviewed the all aspects of the task/activity and am satisfied with the arrangements as detailed in the “risk assessment” have been put in place and certify that the activity detailed above is authorized to proceed							
<b>Permit Issuer Name:</b>				<b>Signature/Date:</b>			
<b>Acknowledge by Contractor's Safety Engineer/Officer</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Verification by SEC Consultant (If appointed for the project)</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Clearance and cancellation after work or Suspension of permit</b>							
<b>Clearance. (Site Manager)</b>							
All men, materials, tools equipment, housekeeping etc. under my charge have been withdrawn. The permitted work is complete / not complete.							
<b>Name:</b>				<b>Signature/Date:</b>			
<b>Suspension</b>							
This permit is suspended, I have notified the Authorized person specified that the work is not complete the area / equipment is not safe to use.							
<b>Name:</b>				<b>Signature/Date:</b>			

**ELECTRICAL (ISOLATION) PERMIT**

**List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Permit Re-Validation**

Sl. No	Date	Time	Issuer Signature	Receiver Signature	Contractor's Safety Signature	Verification by SEC Consultant	Remarks
1							
2							
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**This permit is valid for 7 days from the date of issue.**

## EXCAVATION PERMIT

<b>PTW Ref .No:</b>				<b>Date:</b>			
<b>Project Name:</b>				<b>No. of Employee involved</b>			
<b>Starting From</b>	<b>Date</b>		<b>Time</b>		<b>Expected Completion</b>	<b>Date</b>	<b>Time</b>
<b>Excavation / Trench</b>		<b>Depth</b>		<b>Length:</b>		<b>Width:</b>	
<b>Work Description:</b>							
<b>Location of job to be performed:</b>							
<b>Tools/Equipment to be used:</b>							
<b>Identify risk associated this Excavation</b>							
Personnel Falling		Underground Utilities		Biological		Noise	
Falling Objects / Equipments		Cave in (Collapse)		Dust		Vibration	
Flood		Adjacent Structure		Heat		Traffic	
Other(Specify):							
<b>Precaution require to complete the work safely</b>						<b>Yes</b>	<b>No</b>
Is method statement attached with this permit?							
Is risk assessment attached with this permit?							
Are the equipments/machineries inspected and valid certification available for equipment & operator ?							
Is the hard barrier given and safe distance (at least 1 meter from the edge of excavation) maintained?							
Are type of soil identified? if yes mention below <input type="checkbox"/> Stable Rock <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C							
Will the excavation be 5 or more feet deep and will personnel be entering? If yes, state below the control measures been implemented: <input type="checkbox"/> Shoring <input type="checkbox"/> Shielding <input type="checkbox"/> Benching <input type="checkbox"/> Sloping   Details :							
Will the excavation be 20 or more feet deep? If yes, Name of Professional Engineer .....							
Are underground utilities checked below by means of appropriate detector through as build drawings, and marked accordingly at the work location <input type="checkbox"/> Electrical <input type="checkbox"/> Sewer <input type="checkbox"/> Communications <input type="checkbox"/> Storm water <input type="checkbox"/> Gas Line							
If underground utilities found, trial hole system (manual digging) is followed?							
Are adequate inspection system followed for during, after excavation and backfilling?							
Other (specify):							
<b>The following areas / items have been inspected by issuer and receiver</b>							
Access/Egress		Danger/Warning Sign		Lighting/Flickering		Flag man	
Detector (multi)		As built Drawing		<b>Other (specify)</b>			
<b>PPE Required for the activity</b>							
Helmet		Safety Shoes		Mechanical Gloves		Safety Ear Plugs/muff	
Safety goggles		Reflective Vest		Dust Mask		Safety clothes	
Gumboot		<b>Others (Specify):</b>					
<b>Issue and acceptance before work</b>							
<b>Acceptance of Work Permission by the person in-charge (Receiver)</b>							
I certify that, I have read and verified this work permit and checklist. I am aware of the risks that can be exposed to. I commit that I will be in line with all safety rules mentioned in work permit checklist and will not deflect any of them.							
<b>Permit Receiver Name:</b>				<b>Signature/Date:</b>			
<b>Authority to proceed by authorized person (Issuer)</b>							
I reviewed the work permission checklist and checked the working conditions. I have reviewed the all aspects of the task/activity and am satisfied with the arrangements as detailed in the “risk assessment” have been put in place and certify that the activity detailed above is authorized to proceed							
<b>Permit Issuer Name:</b>				<b>Signature/Date:</b>			
<b>Acknowledge by Contractor's Safety Engineer/Officer</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Verification by SEC Consultant (If appointed for the project)</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Clearance and cancellation after work or Suspension of permit</b>							
<b>Clearance. (Site Manager)</b>							
All men, materials, tools equipment, housekeeping etc. under my charge have been withdrawn. The permitted work is complete / not complete.							
<b>Name:</b>		<b>Signature/Date:</b>					
<b>Suspension</b>							
This permit is suspended, I have notified the Authorized person specified that the work is not complete the area / equipment is not safe to use.							
<b>Name:</b>		<b>Signature/Date:</b>					

## EXCAVATION PERMIT

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Permit Re-Validation

Sl. No	Date	Time	Issuer Signature	Receiver Signature	Contractor's Safety Signature	Verification by SEC Consultant	Remarks
1							
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This permit is valid for 7 days from the date of issue.



## HOT WORK PERMIT

PTW Ref .No:				Contractor:			
Project Name:				Number of employees involved			
Starting From	Date		Time		Expected Completion	Date	Time
<b>Welding</b> <input type="checkbox"/>				<b>Bracing/Cutting/Grinding/Soldering</b> <input type="checkbox"/>			
<b>Work Description:</b>							
<b>Location of job to be performed:</b>							
<b>Tools/Equipment to be used:</b>							
<b>Identify risk associated with this Hot Work</b>							
Electrocution		Arc flash		Flying particles		Noise	
Falling Objects		Protruding objects, parts		Tripping / Slipping		Electric shock	
Fire/Spark		Manual handling		Hot burn		Explosion	
Health Hazard		Fume /smoke		Other(Specify):			
<b>The following document must be attached with this permit</b>							
Method Statement		Risk Assessment		Other (specify):			
<b>Precaution measures require to complete the work safely</b>						<b>Yes</b>	<b>No</b>
Are you certified (welder) to undertake this work?							
Is Equipment/Machine inspected and color coding available of the current month?							
Are all combustible materials removed or shield from sparks?							
Are the hoses inspected? <input type="checkbox"/> Free from grease/oil <input type="checkbox"/> cut/crack <input type="checkbox"/> Fitting (Special clips)							
Are regulator and Gauges inspected ? <input type="checkbox"/> Defects/Broken <input type="checkbox"/> Fitting <input type="checkbox"/> Calibration							
<input type="checkbox"/> Oxygen - release not exceed 50psi <input type="checkbox"/> Acetylene - release not excess 15 psi							
Are flash back arrestors provided?							
Are the cylinders provided with cap, trolley, chain and appropriate relieve valve?							
Are emergency team available in place or contact number displayed at place?							
Contact Numbers: 1..... 2..... 3.....							
Have tools and devices to be used been tested and adjusted?							
Other (specify):							
<b>The following areas / items have been inspected by issuer and receiver</b>							
Fire Extinguisher	Type .....			Quantity.....		Size.....	
Fire Canopy		Danger/Waning Sign		Lighting		Safety Barriers	
Fire Watcher		Fume Extractor/Ventilation		Friction light		Container (Rods)	
Fire Blanket		Sand Bucket	<b>Other (specify)</b>				
<b>PPE Required for the activity</b>							
Helmet		Safety Shoes		Welding Gloves		Face shield	
Welding goggles		Apron (Welding)		Gas Mask		Ear Plugs/muff	
Welding shield		Welding Clothes		<b>Others (specify):</b>			
<b>Issue and acceptance before work</b>							
<b>Acceptance of Work Permission by the person in-charge (Receiver)</b>							
I certify that, I have read and verified this work permit and checklist. I am aware of the risks that can be exposed to. I commit that I will be in line with all safety rules mentioned in work permit checklist and will not deflect any of them.							
<b>Permit Receiver Name:</b>				<b>Signature/Date:</b>			
<b>Authority to proceed by authorized person (Issuer)</b>							
I reviewed the work permission checklist and checked the working conditions. I have reviewed the all aspects of the task/activity and am satisfied with the arrangements as detailed in the “risk assessment” have been put in place and certify that the activity detailed above is authorized to proceed							
<b>Permit Issuer Name:</b>				<b>Signature/Date:</b>			
<b>Acknowledge by Contractor's Safety Engineer/Officer</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Verification by SEC Consultant (If appointed for the project)</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Clearance and cancellation after work or Suspension of permit</b>							
<b>Clearance. (Site Manager)</b>							
All men, materials, tools equipment, housekeeping etc under my charge have been withdrawn. The permitted work is complete / not complete.							
<b>Name:</b>				<b>Signature/Date:</b>			
<b>Suspension</b>							
This permit is suspended, I have notified the Authorized person specified that the work is not complete the area / equipment is not safe to use.							
<b>Name:</b>				<b>Signature/Date:</b>			

## HOT WORK PERMIT

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
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5. \_\_\_\_\_

### Permit Re-Validation

Sl. No	Date	Time	Issuer Signature	Receiver Signature	Contractor's Safety Signature	Verification by SEC Consultant	Remarks
1							
2							
3							
4							
5							
6							
7							

This permit is valid for 7 days from the date of issue.

## LIFTING OPERATION PERMIT

<b>PTW Ref .No:</b>				<b>Contractor Name:</b>			
<b>Project Name:</b>				<b>No. of Employees involved</b>			
<b>Starting From</b>	<b>Date</b>		<b>Time</b>		<b>Expected Completion</b>	<b>Date</b>	<b>Time</b>
<b>Lifting Equipment</b>	<b>Truck Mounted</b>		<b>Crawler Crane</b>		<b>Overhead Crane</b>		<b>Tower Crane</b>
<b>Details of Load</b>	Weight (approx.)		Dimension (max)		Quantity		
<b>Rigger Level</b>	Less than 10 ton (Rigger level3)		More than 10 to 40 ton (Rigger level 2)		More than 40 (rigger level1)		
<b>Details of Equip.</b>	Serial No		Valid Inspection Date			Capacity (SWL)	
<b>Work Description:</b>							
<b>Location of job to be performed:</b>							
<b>Tools/Equipment to be used:</b>							
<b>Identify risk associated with Lifting work</b>							
Toppling/Tip Over/Turn Over		Suspended Load			High Wind		Moving Vehicle/ Equipment
Falling Objects		Over Load			Tripping / Slipping		Noise
Crushing		Collapse			Near Overhead lines		Traffic
Adverse Weather		Other(Specify):					
<b>The following document must be attached with this permit</b>							
Method Statement		Risk Assessment		Lifting Plan (Refer procedure)		Other (specify):	
<b>Precaution require to complete the work safely</b>						<b>Yes</b>	<b>No</b>
Is the lifting equipment certified by accredited center and complied with SEC list?							
Is the operator certified and hold valid license (KSA) to carried out this activity?							
Certified: Expiry Date : License: Expiry Date:							
Are all accessories inspected (rigging arrangements)? if yes state below <input type="checkbox"/> Wire Rope Sling <input type="checkbox"/> Web Sling <input type="checkbox"/> Chain Sling <input type="checkbox"/> Shackles <input type="checkbox"/> Eye Bolt <input type="checkbox"/> Other:							
Is Load Charts Checked? Is the Load within Crane capability at the given radius of operation?							
Is the rigger certified to carried out this activity as per the load limit?							
Name of Rigger: Rigger Level: Validity: Expiry Date:							
Is wind speed acceptable to proceed the activity ? (stop if any dusty wind or more than 32km/h)							
Emergency Rescue team and equipment (tower erection) in place?							
<b>The following areas / items have been inspected by issuer and receiver</b>							
Ground condition		Danger/Warning Sign			Signal man		Safety Barriers
Tag line		Rigger			Outrigger (extended)		Lighting
Out rigger Pad		Spreader Beam			Man/Material Basket (Certified)		
<b>PPE Required for the activity</b>							
Helmet		Safety Shoes			Mechanical Gloves		Ear Plugs/muff
Safety goggles		Reflective Vest			Dust Mask		Safety clothes
Other (Specify):							
<b>Issue and acceptance before work</b>							
<b>Acceptance of Work Permission by the person in-charge (Receiver)</b>							
I certify that, I have read and verified this work permit and checklist. I am aware of the risks that can be exposed to. I commit that I will be in line with all safety rules mentioned in work permit checklist and will not deflect any of them.							
<b>Permit Receiver Name:</b>				<b>Signature/Date:</b>			
<b>Authority to proceed by authorized person (Issuer)</b>							
I reviewed the work permission checklist and checked the working conditions. I have reviewed the all aspects of the task/activity and am satisfied with the arrangements as detailed in the "risk assessment" have been put in place and certify that the activity detailed above is authorized to proceed							
<b>Permit Issuer Name:</b>				<b>Signature/Date:</b>			
<b>Acknowledge by Contractor's Safety Engineer/Officer</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Verification by SEC Consultant (If appointed for the project)</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Clearance and cancellation after work or Suspension of permit</b>							
<b>Clearance. (Site Manager)</b>							
All men, materials, tools equipment, housekeeping etc under my charge have been withdrawn. The permitted work is complete / not complete.							
<b>Name:</b>				<b>Signature/Date:</b>			
<b>Suspension</b>							
This permit is suspended, I have notified the Authorized person specified that the work is not complete the area / equipment is not safe to use.							
<b>Name:</b>				<b>Signature/Date:</b>			

## LIFTING OPERATION PERMIT

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Permit Re-Validation

Sl. No	Date	Time	Issuer Signature	Receiver Signature	Contractor's Safety Signature	Verification by SEC Consultant	Remarks
1							
2							
3							
4							
5							
6							
7							

This permit is valid for 7 days from the date of issue.

## WORK AT HEIGHT PERMIT

<b>PTW Ref .No:</b>				<b>Contractor:</b>			
<b>Project Name:</b>				<b>No. of Employees involved</b>			
<b>Starting From</b>	<b>Date</b>		<b>Time</b>		<b>Expected Completion</b>	<b>Date</b>	<b>Time</b>
<b>Scaffolding</b> <input type="checkbox"/>	<b>Ladder</b> <input type="checkbox"/>	<b>Aerial Lifts</b> <input type="checkbox"/>	<b>Roof Work</b> <input type="checkbox"/>	<input type="checkbox"/> <b>Other; Specify:</b>			
<b>Work Description:</b>							
<b>Location of job to be performed:</b>							
<b>Tools/Equipment to be used:</b>							
<b>Identify risk associated with Work At Height</b>							
Fall from Height		Adverse Weather		Flying particles		Moving Vehicle/ Equipment	
Falling Debris/ Objects		Protruding objects, parts		Tripping / Slipping		Faulty Equipment/ Material	
Fragile surface /Roof		Work Under Below		Near Overhead lines		Near energized equipment	
Other(Specify):							
<b>The following document must be attached with this permit</b>							
Method Statement	Risk Assessment	Other (specify):					
<b>Precaution require to complete the work safely</b>						<b>Yes</b>	<b>No</b>
Have the risk control/s been implemented? if yes state below							
Fall Protection : <input type="checkbox"/> Guard Rails system <input type="checkbox"/> Safety Net <input type="checkbox"/> Toe Board							
Fall restraint : <input type="checkbox"/> Life Line <input type="checkbox"/> Retractable Harness							
Fall arrest : <input type="checkbox"/> Harness with Shock absorber & Double Hook							
Have proper access/egress been provided?							
Is wind speed greater than 32 km/h? If yes, do not proceed the activity							
Are all floor openings at roof adequately covered/protected to prevent falling?							
Is the scaffold erected and inspected by Certified person? (if no do not proceed the activity)							
Are the scaffold , ladder, Arial lift inspected it?							
Name of Inspector:						Date of Inspection:	
Other (specify):							
<b>The following areas / items have been inspected by issuer and receiver</b>							
Danger/Warning Sign		Scaffold Tag System		Lighting		Safety Barriers	
Buddy System		Rescue		Material basket	<b>Other (specify):</b>		
<b>PPE Required for the activity</b>							
Helmet with Chin strap		Safety Shoes		Safety Gloves		Safety Ear Plugs/muff	
Safety goggles		Reflective Vest		Dust Mask		Safety clothes	
Other (Specify):							
<b>Issue and acceptance before work</b>							
<b>Acceptance of Work Permission by the person in-charge (Receiver)</b>							
I certify that, I have read and verified this work permit and checklist. I have been informed about the risk assessment results. I am aware of the risks that can be exposed to. I commit that I will be in line with all safety rules mentioned in work permit checklist and will not deflect any of them.							
<b>Permit Receiver Name:</b>				<b>Signature/Date:</b>			
<b>Authority to proceed by authorized person (Issuer)</b>							
I reviewed the work permission checklist and checked the working conditions. I have reviewed the all aspects of the task/activity and am satisfied with the arrangements as detailed in the “risk assessment” have been put in place and certify that the activity detailed above is authorized to proceed							
<b>Permit Issuer Name:</b>				<b>Signature/Date:</b>			
<b>Acknowledge by Contractor's Safety Engineer/Officer</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Verification by SEC Consultant (If appointed for the project)</b>							
<b>Name :</b>				<b>Signature/Date:</b>			
<b>Clearance and cancellation after work or Suspension of permit</b>							
<b>Clearance. (Site Manager)</b>							
All men, materials, tools equipment, housekeeping etc. under my charge have been withdrawn. The permitted work is complete / not complete.							
<b>Name:</b>				<b>Signature/Date:</b>			
<b>Suspension</b>							
This permit is suspended, I have notified the Authorized person specified that the work is not complete the area / equipment is not safe to use.							
<b>Name:</b>				<b>Signature/Date:</b>			

**WORK AT HEIGHT PERMIT**

**List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)**

1.
2.
3.
4.
5.

**Permit Re-Validation**

Sl. No	Date	Time	Issuer Signature	Receiver Signature	Contractor's Safety Signature	Verification by SEC Consultant	Remarks
1							
2							
3							
4							
5							
6							
7							

**This permit is valid for 7 days from the date of issue.**