				COI	LD W	VORI	K PERMIT	- -					
PTW Ref .No:						C	ontractor:						
Project Name:							o. of Employ	ees involved					
Starting From	Date			Time			xpected Com		Date			Time	
	Date			Time		E.2	xpected Com	pietion	Date			Time	
Activity: Work Description:													
Location of job	to be perf	ormed	1:										
Tool/Equipmen	t to be use	d:											
Identify risk ass	ociated w	ith thi	is Cold Wor	k									
Fall from Height			Adverse We			F	lying particle	s	Moving	y Vehi	cle/ Eq	uipment	
Falling Debris/ O	bjects		Protruding of	objects, p	arts	Т	ripping / Slip	ping	Faulty 7	Fool/ I	Materia	al	
Noise	-		Heat			V	ibration		Poor Ill	umina	ation		
Other(Specify):													
The following d	locument	must l	be attached	with this	perm	nit							
Method Statemer	nt	]	Risk Assessn	nent	(	Other	(specify):						
Precaution requ											Yes	No	N/A
Have tools and d													
Have all hazards/													
UWorking at h	-		affolding			ure Te		Chemical					
Electrical			w/Cold cut		Hot Su	urface		ool & Equipme	ents				
Dust		Lif	-										
Are permits assoc	ciated requ	ire for	this activity	? if yes, 1	mentio	oned be	elow;						
Hot Work	🗌 Workin	g At F	Height 🔲 E	excavatio	n 🗖 E	Electri	cal 🗌 Confi	ned Space to H	Entry				
Other (specify):													
The following	areas / ite	ems h	ave been ir	ispected	l by is	ssuer	and receive	r					
Access/Egress		D	Danger/Warni	ing Sign		L	ighting			Safe	ty Bar	riers	
Hand Tools						Othe	er (specify)						
PPE Required f	or the acti	ivity						r	-				
Helmet			afety Shoes				afety Gloves			~	Plugs/1	muff	
Safety goggles		R	eflective Ves	st		D	oust Mask		Safet	y clotł	hes		
Other (Specify):													
Issue and acce	-												
Acceptance of Work Permission by the person in-charge (Receiver) 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.													
Permit Receiver							Signatur	e/Date:					
Authority to pro					rking c	conditio	ons. I have revie	ewed the all asp	ects of th	e task/a	activity	and am s	atisfied
with the arrangeme													
proceed							<b>G•</b> •						
Permit Issuer Na Acknowledge by		or's S	ofoty Engine	oor/Offic	or		Signatur	e/Date:					
Name :	Contract	01 5 5	arety Englis		CI		Signature	e/Date:					
Verification by S Name :	SEC Cons	ultant	(If appointed	d for the	project	ct)	Signature	e/Date:					
Clearance and c	ancellatio	n afte	r work or S	uspensio	n of po	ermit	~-8						
Clearance. (Site	Manager)	)											
All men, materials	, tools equip	oment,	housekeeping	etc under	r my ch	harge ha	ave been withd	rawn. The perm	itted wor	k is co	mplete	/ not comp	plete.
Name:								Signature/D	ate:				
Suspension	1 1 7 7												
This permit is susp Norma	ended, I hav	e notif	the Author	rized perso	on spec	cified th	hat the work is			quipme	ent 1s no	ot safe to u	ise.
Name:								Signature/D	ale:				

# **COLD WORK PERMIT**

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)
1.
2.
3.
4.
<u>).</u>

## Permit Re-Validation

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

CONFINED	SPACE TO	<b>ENTRY PERMIT</b>
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		CONFINED	SPAC	ЕТС	DENTRY PERM	ITT -				
PTW Ref .No:				Con	tractor Name:					
Project Name:				Loca	ation:					
Starting From Date		Time		Exp	ected Completion	Time				
Work Description:										
_										
Location of job to be pe	erformed	:								
Tools/Equipments to be	e used:									
Identify risk associated	with this	confined space en	trv							
Lack of Oxygen		Explosion	,		Biological		Noise			
Asphyxiation		Fire			Dust		Vibra	tion		
Engulfment		Fume/Vapor			Hot		Traffi	с		
Other(Specify):		·								
The following docume	nt must b	e attached with thi	is perm	nit						
Method Statement	R	isk Assessment		Othe	er (specify):					-
Precaution require to c								Yes	No	N/A
Are atmospheric inspect										
Oxygen:9			-		% LEL (Less	,	)			
$\Box$ COPPM (le	ss than 35	5 PPM -8hr) $\Box$ F	$I_2S$	]	PPM (less than 10Pl	PM - 8hr)				
Has appropriate ventilati	on provid	ed after atmospheric	c inspec	ction m	ade?					
🗆 Natural 🛛 Mechanic	al (state d	etails)								
Is appropriate communic	ation syst	em in place? if yes,	state							
Are entrant and attendan	•									
Does the work require ac				-						
•		•		JI WOIK	permit					
If required, lockout /Tage			handia	mlarrad	ot place?					
Are emergency team available Contact Numbers: 1										
Other (specify):	••••••			•••••						
The following areas /	items ha	ve been inspecte	d by is	ssuer a	and receiver					
Fire Extinguisher						Size				
Access/Egress		anger/Warning Sigr			Lighting			book reg	gister	
Gas Detector		Other (specify)			0 0		U	C		
PPE Required for the a	ctivity									
Helmet	S	afety Shoes			Mechanical Gloves	Safe	ety Ear	Plugs/m	uff	
Safety goggles	R	eflective Vest			Gas Mask	Safe	ety Harı	ness		
Gumboot	Ι	Dust Mask			Others (Specify):					
Issue and acceptance	before v	vork								
Acceptance of Work Permission by the person in-charge (Receiver) 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. Permit Receiver Name: Signature/Date:										can be
Authority to proceed by	authoriz	red nerson (Issuer)			0					
I reviewed the work permission arrangements as detailed in the	checklist a	nd checked the working of	condition						ed with th	e
Permit Issuer Name: Signature/Date:										
Acknowledge by Contra	actor's Sa	fety Engineer/Offi	cer							
Name :					Signature/Date:					
Verification by SEC Co Name :	nsultant	(If appointed for the	e projec	ct)	Signature/Date:					
Clearance and cancella		work or Suspension	on of p	ermit						
Clearance. (Site Manag All men, materials, tools eq		ousekeeping etc. und	ler my cl	harge ha		e permitted	l work is	complete	e / not co	omplete.
Name:					Signature/Date:					
Suspension	have notif	ad the Authorized -	on ana	vified th	at the work is not as	lata tha area		mont in -	ot sofa t	
This permit is suspended, I Name:	nave notifi	eu me Authorized pers	son spec	med th	Signature/Date:	iete the area	a / equip	ment is n	ot safe to	J use.
rame.					Bignature/Date:					

# **CONFINED SPACE TO ENTRY PERMIT**

<u>1.</u> <u>2.</u>
2.
3.
4.
5.

Supervisor Name	Permit Ref. No	
Date	Location	

Details of Entrants			
Entrant Name	ID No	Designation	Signature
	l	l	

# **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

Sl. No	Name	Time in	Sign	Time Out	Sign

PTW Ref .No:							D	ate:					
Project Name:							N	umber of Employees					
Starting From	Date			Time		T		xpected Completion	Date		,	Гіте	
J							Ľ.			• ( )			
		ed Line	s/Equi	ipment				De-Energi	zed L	ine/ Eq	uipme	ent _	
Work Descriptio	n:												
Location of job	ho ho n	aufannaa	d .										
Location of job	lo be p	eriorine	u :										
Tool/Equipment	s to be	e used :											
Identify risk ass	ociate	d with th	is Elect	rical worl	k								
Electrocution		Arc Flash	1					Flying particles	1	Noise			
Falling Objects		Protrudin	g object	ts, parts				Tripping / Slipping	I	Electric s	hock		
Fire		Manual h	andling					Electric Burn	1	Near Ove	erhead li	nes	
Other(Specify):													
The following d					this	perm	nit						
Method Statemen	ıt	Risk	Assess	sment		0	ther (s	pecify):					
Precaution requ	ire to	complete	the wo	ork safely							Yes	No	N/A
Is the safe distance				Yes		No		Voltage		Distanc	e		
	-							onfined space entry peri					
								and properly tagged (L0					
	ed any	one of Is	solation					followed as per procedu	ıre?				
Switch Out		ockout/ T											
Has it been confin		• •		-			re de-e	energized ?					
Have tools and de	evices	to be used	d been t	ested and a	adjus	ted?							
Other (specify):													
The following a					cted	by i			~				
Fire Extinguisher								ity	S	ize			
Access/Escape Ro	oute			Waning Si	gn			Lighting		Safety	Barrier	S	
Stick			Portable	e Radio			Othe	er (specify)					
PPE Required for	or the			1						11.10	<b>1</b> 1		[
Helmet			Safety S					Electrical Gloves		Half N			
Safety goggles			Reflectiv					Dust Mask		-	clothes		
Face shield			Arc flas	h PPE				Safety Ear Plugs/muff		Other:			
risks that can be exp them.	read an	ermission nd verified 5. I commi	<b>n by the</b> l this wor	rk permit ar	nd che	ecklist	. I have	been informed about the les mentioned in work pe	rmit che				
Permit Receiver								Signature/Date:	:				
	t permis rangem ed	ssion checl	klist and	checked th	e wor			ns. I have reviewed the al en put in place and certify Signature/Date:					
Acknowledge by		actor's S	Safety E	Engineer/C	)ffice	er		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Name :								Signature/Date:					
Verification by S Name :	EC C	onsultant	t (If app	pointed for	the p	orojec	et)	Signature/Date:					
Ivanie :								Signature/Date.					
	ancell	ation afte	er work	or Suspe	nsior	ı of n	ermit	Signature/Date.					
Clearance and c Clearance. (Site	Mana	ger)							permitte	d work is	complet	e / not c	omplete.
Clearance and c Clearance. (Site All men, materials,	Mana	ger)					harge h	ave been withdrawn. The	permitte	d work is	complet	e / not c	omplete.
Clearance and c Clearance. (Site All men, materials, Name:	Mana	ger)					harge h		permitte	d work is	complet	e / not c	omplete.
Clearance and c Clearance. (Site All men, materials, Name: Suspension	Manaş tools e	g <b>er)</b> equipment,	houseke	eeping etc. ı	under	my cł	harge	ave been withdrawn. The	-				

# ELECTRICAL (ISOLATION) PERMIT

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)
1
2.
3.
4.
<u>5.</u>

## **Permit Re-Validation**

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

			EX	KCAVA	TION	PERMIT						
PTW Ref .No:					Date:							
Project Name:					No. of	Employee involved						
Starting From Date			Time			ted Completion	Date			Time		
Excavation / Trench	Deptl		Time		Lengt	-	Dute	Wid	th•	Time		
Work Description:	Depu	1			Lengi	II.		wiu	<u>un.</u>			
TOTA Description.												
Location of job to be performed: Tools/Equipment to be used:												
Tools/Equipment to be used:         Identify risk associated this Excavation												
Personnel FallingUnderground UtilitiesBiologicalNoiseFalling Objects / EquipmentsCave in (Collapse)DustVibration												
	;			-								
Flood     Adjacent Structure     Heat     Traffic												
Other(Specify):       Yes       No       N/A												
-	•		•						Yes	No	N/A	
Is method statement attache		-										
Is risk assessment attached Are the equipments/machin	-	•		loortificat	ion avai	lable for equipment &	oporate	<b>r</b> ?				
Is the hard barrier given and												
Are type of soil identified?	f yes mer	ntion	below				amamo					
Will the excavation be 5 or					be ente	ring? If yes, state bel	ow the					
control measures been imple		1		1								
□ Shoring □ Shielding □	Benchin	ıg 🗆	Sloping	Details :								
Will the excavation be 20 or	more fee	et dee	p? If yes	, Name of	Profess	ional Engineer						
Are underground utilities ch												
and marked accordingly at t	he work l	ocatio unicat	on tions 🗆	lStorm wa	ter 🗆	Gas Line						
If underground utlities foun					-							
Are adequate inspection sys	em follov	wed for	or during	, after exc	avation	and backfilling?						
Other (specify):												
The following areas / ite	ms have	bee	n inspec	ted by is	suer ar			r				
Access/Egress		Dang	ger/Warni	ing Sign		Lighting/Flickering		Flag	man			
Detector (multi)		As t	ouilt Drav	ving		Other (specify)						
PPE Required for the acti	vity					1						
Helmet			ty Shoes			Mechanical Gloves			Ear Plug	s/muff		
Safety goggles			ective Ve			Dust Mask		Safety	clothes			
Gumboot			ers (Spe	cify):								
Issue and acceptance be						<u></u>						
Acceptance of Work Perm I certify that, I have read and ve							be expose	d to. I	commit tl	nat I will b	e in line	
with all safety rules mentioned						ny of them.						
Permit Receiver Name:			/T			Signature/Date:						
Authority to proceed by au I reviewed the work permission					onditions	I have reviewed the all	aspects	of the tr	ask/activit	wand am	eatisfied	
with the arrangements as detail												
proceed												
Permit Issuer Name:		-	• 10	0.01		Signature/Date:						
Acknowledge by Contract Name :	or's Safet	y En	gineer/O	fficer		Signature/Date:						
Verification by SEC Const	ltant (If	annoi	inted for t	the project	·)							
Name :				1.0	,	Signature/Date:						
Clearance and cancellation	n after w	ork o	r Suspen	sion of pe	ermit							
Clearance. (Site Manager)	mant 1		ing -	ndar 1	ong - 1				a ac 1		nnlet-	
All men, materials, tools equip	1		-	nder my ch	large hav	e been withdrawn. The	permitted	work 1	is comple	le / not co	mpiete.	
Name:	Signa	ture/	Date:									
<b>Suspension</b> This permit is suspended, I hav	e notified t	he Au	thorized p	erson speci	fied that	the work is not complet	e the area	( equi	pment is	not safe to	use.	
Name:	Signa											
	- 8-14	-/										

# **EXCAVATION PERMIT**

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)
<u>1.</u>
2.
<u>3.</u>
4.
<u>5.</u>

### 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							

			-	нот	WOR	K PERMIT						
PTW Ref .No:					Cor	tractor:						
Project Name:					Nu	nber of employees involved						
Starting From	Date		Time			ected Completion		ate		Time		
		Welding				Bracing/Cutting			/Solderi			
Work Description		,, cruing			<b>I</b>		<u>, 0111</u>	<u></u>		<u></u>		
Location of job t Tools/Equipmen												
Identify risk ass	ociated	d with this Hot	Work									
Electrocution		Arc flash				Flying particles		Noise	è			
Falling Objects	]	Protruding object	ts, parts			Tripping / Slipping		Elect	ric shock			
Fire/Spark		Manual handling	5			Hot burn		Explo	osion			
Health Hazard	Fume /smoke     Other(Specify):											
The following document must be attached with this permit												
Method Statemer		Risk Assessmen										
Precaution meas					ely				Yes	No	N/A	
Are you certified		,			ble of	he current month?						
Are all combusti				-								
				-		ck Fitting (Special clip	5)					
						Fitting Calibration	<i></i>					
	ease no	ot exceed 50psi				ease not excess 15 psi						
Are the cylinders		-	ollev, chai	n and a	propria	te relieve valve?						
Are emergency te Contact Numbers	eam ava	ailable in place of	or contact	number	display	red at place?						
Have tools and de												
Other (specify):											·	
The following	areas	/ items have b	een insp	ected k	v issu	er and receiver						
Fire Extinguisher		Туре			· · ·	antity	Si	ze				
Fire Canopy		Danger	/Waning S	Sign		Lighting		Safe	ty Barrie	rs		
Fire Watcher		Fume E	xtractor/V	/entilati	on	Friction light		Con	tainer (Ro	ods)		
Fire Blanket		Sand B	ucket		0	ther (specify)						
PPE Required f	or the											
Helmet		Safety S				Welding Gloves			e shield			
Welding goggles		-	Welding)			Gas Mask		Ear	Plugs/mu	ff		
Welding shield	4		g Clothes			Others (specify):						
Issue and acce	-			· 1								
	e read ai rules me	nd verified this wo entioned in work p	ork permit a	and chec	clist. I a	m aware of the risks that can b deflect any of them. Signature/Date:	e expos	sed to.	I commit t	hat I will	be in	
	k permis	ssion checklist and	l checked t	he work		itions. I have reviewed the all a been put in place and certify t						
authorized to proce Permit Issuer Na	ed	ients as detailed in	uie lisk a	1556551116	it nave	Signature/Date:	lat uic	activity	y detailed i			
Acknowledge by Name :		actor's Safety I	Engineer/	Officer		Signature/Date:						
Verification by S Name :	SEC C	onsultant (If ap	pointed fo	or the pr	oject)	Signature/Date:						
Clearance and c Clearance. (Site			s or Susp	ension	of pern	<u> </u>						
			eeping etc	under n		e have been withdrawn. The pe nature/Date:	rmitteo	l work	is complet	te / not co	mplete.	
Suspension					- Sig	latur C/Datt.						
	ended, I	have notified the	Authorized	d person	specifie	I that the work is not complete	the are	ea / equ	ipment is	not safe t	o use.	
Name:					Sig	nature/Date:						

# HOT WORK PERMIT

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)	
1.	
2.	
<u>3.</u>	
4.	
<u>5.</u>	

#### **Permit Re-Validation**

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

LIFTING	<b>OPERAT</b>	ION PERMIT
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			L	IFTI	NG O	PE	RATION	Pb	ERMIT							
PTW Ref .No:							Contract	or N	lame:							
Project Name:									yees involv	/ed						
Starting From	Date			Time			Expected	-	•		Date			Time		
Lifting Equipment	Truck M	founted			wler (	Cran		-	Overhead (				Tower			
Details of Load	Weight (a			011			nsion (max)					Quantit	Intity			
Rigger Level	Less than		Rigger	level3)									than 40 (rigger level1)			
Details of Equip.	Serial No	-	ngger				ction Date		i (Rigger ie		Canad	city (SW		igger ieve		
Work Description:	Serial No.	,			v anu i	mspe					Capa	.ny (5 w	(L)			
Work Description.																
Location of job to be performed:																
Tools/Equipment to	Tools/Equipment to be used:															
Identify risk associated with Lifting work																
Toppling/Tip Over/Tu			spended	l Load			High Wir	nd			Movi	ng Veh	nicle/ Eq	uipment		
Falling Objects			er Load	1			Tripping				Noise	<b>)</b>				
Crushing			llapse				Near Ove	erhea	d lines		Traff	ic				
Adverse Weather			ther(Sp													
The following docu																
Method Statement		sk Assess			fting P	lan (	Refer proc	edur	e) Oth	er (spo	ecify)	:			_	
Precaution require													Yes	No	N/A	
Is the lifting equipme																
Is the operator certifie		d valid li						vity	?							
Certified: Expiry Date					e: Exp											
Are all accessories ins									<b>—</b>							
☐ Wire Rope Sling □																
Is Load Charts Check					-	-	-	adiu	s of operati	on?						
Is the rigger certified	to carried	out this				oad li		1								
Name of Rigger: Is wind speed accept	able to pr	ocood the		ty 2 (or		nyd			Expiry Date							
Emergency Rescue te	Ĩ				-	•	•	лш		KIII/II)						
The following area								ooix	or							
Ground condition		Danger/		-		1550	Signal ma		er		S.	foty D	orriora			
Tag line		Rigger		ng Sig	<u>n</u>		Outrigge		standad)			afety Ba ighting				
Out rigger Pad		Spread		m		-			al Basket (C	Portific		ignung	,			
PPE Required for th	na activity	1	ici bea	111			Iviali/Ivia		ii Dasket (C		.u)					
Helmet		Safety S	Shoes			T	Mechanic	al G	loves		E	ar Pluo	s/muff			
Safety goggles		Reflecti		• <b>t</b>		_	Dust Ma		10703		Ear Plugs/muff Safety clothes					
		Kenecu		si			Dust Wia	SK			50	licty ci	otnes			
Other (Specify): Issue and acceptar	a hofor	o work														
					hones											
Acceptance of Work I certify that, I have read								the r	isks that can	he exr	osed	to Lear	mmit that	I will be	in line	
with all safety rules men										oc exp	Josed		innin tinat	1 will be	in inic	
Permit Receiver Nar		·					-		re/Date:							
Authority to proceed	l by auth	orized p	erson (	Issuer	•)											
I reviewed the work per						g cond	litions. I hav	ve rev	viewed the al	ll aspec	cts of	the task	/activity	and am sa	tisfied	
with the arrangements a	s detailed i	n the "risl	k assess	ment" l	nave be	en pu	t in place an	d cei	rtify that the	activit	y deta	iled abo	ove is au	thorized t	0	
proceed							<b>C</b> !									
Permit Issuer Name		0.0.1	<del>.</del>	10.6	<b>64</b>		Sig	natu	re/Date:							
Acknowledge by Con	ntractor's	s Safety ]	Engine	er/Of	licer		<b>C</b> !	not-	no/Datas							
Name :	9			1.6			Sigi	แลเน	re/Date:							
Verification by SEC	Consulta	nt (If ap	pointe	d for th	ne proje	ect)										
Name :		0.	_				-	llatu	re/Date:							
Clearance and cance		fter wor	k or Su	ispens	ion of	pern	nit									
Clearance. (Site Man		nt house	ceening	etc un	ler mv	charo	e have been	with	drawn The	nermit	ted w	ork is co	mnlete /	not com	lete	
Name:	All men, materials, tools equipment, housekeeping etc under my charge have been withdrawn. The permitted work is complete / not complete. Name: Signature/Date:															
Suspension									Bigliatu	I C/Dd						
This permit is suspended	d, I have no	otified the	Author	ized pe	rson sp	ecifie	d that the w	ork i	s not comple	te the	area /	equipm	ent is not	safe to u	se.	
Name:				T	r				Signatu							

# LIFTING OPERATION PERMIT

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)	
1.	
2.	
3.	
4.	
5.	

# Permit Re-Validation

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

				WORE	K AT H	EIGHT I	PERMIT						
PTW Ref .No:						Contrac	tor		1				
								<b>.</b>					
Project Name:		1					mployees inv						
Starting From	Date			Time		Expecte	d Completio	n	Date		Time		
Scaffolding	] Ladder	· 🗌	Aerial Lif	fts 📃	Roof W	Work D Other; Specify:							
Work Descriptio	Work Description:												
Location of job	-		:										
Tools/Equipmen	Tools/Equipment to be used: Identify risk associated with Work At Height												
Identify risk ass	ociated w	ith Wo	ork At Heig	ht									
Fall from Height			Adverse Wea			Flying pa	rticles	Mo	oving Vehi	cle/ Equi	pment		
Falling Debris/ Ot		F	Protruding ol	bjects, pa	arts	Tripping	/ Slipping		ulty Equip				
Fragile surface /R	oof	V	Work Under	Below		Near Ove	erhead lines	Ne	ar energize	ed equipn	nent		
Other(Specify):													
The following d					<u> </u>								
Method Statemer			sessment		her (spec	ify):							
Precaution requ	ire to con	plete 1	the work sa	fely						Yes	No	N/A	
Have the risk con	trol/s been	imple	mented? if y	es state l	below _								
Fall Protection :			s system 🗌			Toe Bo	ard						
Fall restraint :			Retrac										
Fall arrest :	Harn	ess wi	th Shock abs	sorber &	Double l	Hook							
Have proper acce	-	-											
Is wind speed gre													
Are all floor oper													
Is the scaffold ere	ected and i	nspect	ed by Certifi	ied perso	n? (if no	do not pro	oceed the acti	vity)					
Are the scaffold,		rial lift	inspected i										
Name of Inspecto	or:			Da	ate of Ins	pection:							
Other (specify):													
The following a	1				d by issu				1				
Danger/Warning	Sign		caffold Tag S	System		Lighting			Safety B	arriers			
Buddy System			lescue			Materia	al basket	Other	(specify:				
PPE Required for	I												
Helmet with Chin	strap		afety Shoes			Safety C			Safety Ea	0	muff		
Safety goggles		Re	eflective Ves	st		Dust M	ask		Safety cl	othes			
Other (Specify):													
Issue and acce	=												
Acceptance of W I certify that, I have risks that can be exp	read and v	erified t	this work peri	mit and ch	necklist. I	have been i							
them. Permit Receiver						Sig	gnature/Date	:					
Authority to pro					1.	1		11		1 /	1		
I reviewed the work with the arrangement													
proceed		••• •••			re ocen p				.) actailed a				
Permit Issuer Na						Sig	nature/Date	:					
Acknowledge by Name :	Contract	or's Sa	afety Engine	eer/Offic	er	Sig	gnature/Date	:					
Verification by S	EC Cons	ultant	(If appointed	d for the	project)								
Name : Clearance and c	ancellatio	n aftei	r work or S	uspensio	on of per		gnature/Date						
Clearance. (Site All men, materials,			nousekeeping	etc. unde	er my char	ge have bee	en withdrawn.	The permi	tted work is	complete	/ not con	nplete.	
Name:	. 1		. 0					ature/Da		·		-	
Suspension	ndad It.	o notif	ad the Arth	rized re-	on crostf	ad that the	vork is not -	nnlata th	0,000 / 0,000	monti-	t cofe t-	160	
This permit is susper Name:	nded, I hav	e notim	eu me Autnoi	inzed pers	on specifi	ed that the v		nplete the <b>ature/Da</b>			n sale to	use.	

# WORK AT HEIGHT PERMIT

List of additional precaution measures required (SEC Consultant/ Contractor's Safety Engineer/ Officer)	
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r.	
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## Permit Re-Validation

SI. No	Date	Time	Issuer Signature	<b>Receiver</b> Signature	Contractor's Safety Signature	Verification by SEC Consultant	Remarks
1							
2							
3							
4							
5							
6							
7							