



**ACCURATE GAUGING & INSTRUMENTS PVT. LTD.**

**WORK PERMIT**

DOC NO-ACC/HRD/

<p><b>Permit. No.</b> _____</p> <p><b>SAFETY WORK PERMIT -</b>  <b>HOT WORK / WORK ON HEIGHT /FRAGILE ROOF/ COLD WORK</b></p> <p>Permit Start Date From _____ End Date _____</p> <p>Contractor Name _____</p> <p>Contractor Address _____</p> <p><b>Location of work</b> _____</p> <p><b>Description of Work</b> _____</p> <p>Contractor PF Code _____</p> <p>Contractor ESIC Code _____</p> <p>Contractor WC Policy Code _____ Policy Period _____</p>	<p><b>PERSONAL SAFETY ITEM</b></p> <p><input type="checkbox"/> Safety Helmet</p> <p><input type="checkbox"/> Face Shield</p> <p><input type="checkbox"/> Apron</p> <p><input type="checkbox"/> Safety Belt / Harness</p> <p><input type="checkbox"/> Mask</p> <p><input type="checkbox"/> Goggles</p> <p><input type="checkbox"/> Hand Gloves</p> <p><input type="checkbox"/> Safety Shoes</p> <p><input type="checkbox"/> Welding Hood</p> <p><input type="checkbox"/> Medical Fitness</p> <p><input type="checkbox"/> ID Card of Employee</p> <p>Others- as per job requirement</p>
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Sr. No	Name of Employee	Date of Birth	Age	WC / ESIC Policy No.	PF UAN	Employee Trade	Fitness Certificate
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

	Contractor (Seal & Sign Required)	Initiator/ who raised the permit	Document Verifier / Security Incharge	Issuer/ Dept. Head	Safety Team (Authorized Person)	Security Team
Sign						
Name						



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**THE FOLLOWING ITEMS SHALL BE CHECKED BEFORE ISSUING THE PERMIT**

**USE OF CRANE / ENTRY IN TO CONFINE SPACE/ OTHER**

Description	Done	Not Reqd.	Description	Done	Not Reqd.
Equipment/Work area inspected.			Precautionary tags/boards provided		
Considered hazards from other routine operation and concerned persons alerted. / High voltage line			Stand by personnel provided for life watch from Process /Maint. /Contractor		
Proper ventilation and lighting provided			Area cordoned off /		
Proper means of exit provided			Applicable personal protection items provided & being used		
Equipment electrically isolated / tagged			Crane documents 1) Form no 11, 2) Insurance 3) Valid DL 4) Load chart		

Description	Done	Not Reqd.	Description	Done	Not Reqd.
<b>HOT WORK</b>					
Surrounding area checked/cleaned up; Oil/rags/grass/cotton etc. removed			Shield against sparks provided.		
Considered hazard from other routine operation and concerned persons alerted.			Check earthling / return connection to the equipment being welded		
Equipment blinded/ disconnected/ closed/isolated /wedges open.			Fire water Bucket / Portable extinguisher provided		
Equipment Properly drained/ Depressurized			Fire water system checked for readiness		
Equipment properly steamed/purged.			Check Rubber hose pipe, cylinder valve fixed adequately. Check gas leakages if any.		
Appropriate PPE eg – leather hand gloves, safety glass/shield/ apron			<b><u>Instruction Don't allow to use welding m/c without ELCB</u></b>		

Description	Done	Not Reqd.	Description	Done	Not Reqd.
<b>WORK AT HEIGHT /FRAGILE ROOF</b>					
Proper scaffolding, Platform Provided			Railing, Ladder & Toe guard provided		
Safety belt & Helmet provided while working on height.			All working tools in good condition.		
Life line (rope) provided.					
Any Addition					

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**Special Instructions:**

1. Appropriate PPE (safety shoes; gloves, goggles, face shield apron etc.) Shall be used during the work
2. In case of emergency all work must be stopped All personnel must leave work site and proceed to designated safe area.
3. In case of liquid/gas release, stop work and immediately advise concerned operation personnel.
4. Only certified vehicles/engines and permitted type of electrical equipment's and tool are allowed in operating areas.
5. Ensure proper grounding/earthling/insulation of cables.
6. This permit must be available at the work site always.
7. Each working site must be supervised by authorized supervisor.
8. After finish/end of work submit WP copy at security gate.
9. First copy with-Initiator/who raised the permit
10. Second copy: submit to security gate with all authority signage's /approval

**EMERGENCY CONTACT NO.**

- ❖ **Electrical:** 1) 8956318886  
2) \_\_\_\_\_  
3) \_\_\_\_\_
- ❖ **Mechanical:** 1) \_\_\_\_\_  
2) \_\_\_\_\_

**Safety Section:**

- ❖ **Security:** 1) 8956498754
- ❖ **Work Supervisor:**

**EXTENSION TO VALIDITY OF WORK PERMIT**

Date	Time		Nature of Work	Location of Work	Initiator	Issuer	Remarks
	From	To					

**Detail Remarks:**

Permit Closure: Permit Initiator and Issuer after Completion

Issuer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Initiator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Notes:**


	Contractor (Seal & Sign Required)	Initiator/ who raised the permit	Document Verifier / Security Incharge	Issuer/ Dept. Head	Safety Team (Authorized Person)	Security Team
Sign						
Name						