

<b>RUSHIKA ENTERPRISES</b>						Date	
						JSA No	
						Permit No	
<b>DAILY WORK PERMIT</b>							
	<b>Nature of Work(Tick as appropriate)</b>	<b>Working on Height</b>	<b>Excavation</b>	<b>Gas Cutting /</b>	<b>Cutting/ Chipping/ Grinding</b>	<b>Rigging</b>	<b>Others</b>
<b>A</b>	<b>REQUEST TEAM</b>						
1	Name of the Contractor						
2	Area & Location						
3	Date and time of work start						
4	Date and time of work finish						
5	Tools and Equipments involved						
6	Description of work						
<b>B</b>	<b>PREPARATION</b>			<b>C</b>	<b>SAFETY PRECAUTIONS (Please Tick)</b>		
1	Surrounding Area ,Equipment lines,Cables protected/ covered			Yes/No	1	Ensure proper approach arrangement	
2	Gas Test Monitored Oxygen Level/Explosive gas level			Yes/No	2	Wear Proper PPE's	
3	Following Personnel Protective Equipment should be used(Tick the required)			Yes/No	3	Wear Full Body harness	
a	Safety Shoe			Yes/No	4	Display Warning Sign Boards	
b	Helmet			Yes/No	5	Ensure Good House Keeping before and after the work	
c	Full Body Harness			Yes/No	6	Ensure proper earthing .	
d	Hand Gloves			Yes/No	7	Ensure proper scaffolding/ladder	
e	Respiratory Protection			Yes/No	8	Barrication of area in case of rigging jobs or excavation works	
f	Ear Protection			Yes/No	9	Using certified lifting Machines and tackles	
g	Eye Protection			Yes/No	10	Ensure the Presence of supervisor during excavation/Execution.	
4	Has Electrical clearance been given?			Yes/No	<b>Remarks :-</b>		
5	Has Double Guard Rail been Provided?			Yes/No			
6	Has adequate Working Platform been provided?			Yes/No			
7	Has safety tag provided?			Yes/No			
8	Has the Fire Extinguisher(IS:13849) provided?			Yes/No			
	Type	No.					
<b>D</b>	Permit is granted and Valid upto:			Permit closing out time :			
<b>E</b>	<b>PERMIT ISSUD BY:</b>						
	Name						Date
	Sign						
	<b>PERMIT RECEIVED BY:</b>						
	Name						Date
	Sign						