

Date : _____ WP No : nil

JOB DETAILS	Section A :: Permit required for <input type="checkbox"/> Cold work <input type="checkbox"/> Hot work <input type="checkbox"/> Confined Space/Vessel Work
	Plant / Unit : Area / Section Equipment Tag No.....
	Equipment Name :
	Job Description :
	Name of Contractor / Engineer :
	Section B :: Nature of Work
<input type="checkbox"/> Welding / Gas Cutting <input type="checkbox"/> Work on Electrical System <input type="checkbox"/> Work on Instrument / machinery <input type="checkbox"/> Air condition service <input type="checkbox"/> Work at Height <input type="checkbox"/> Excavation <input type="checkbox"/> Opening of Lines / Equipments <input type="checkbox"/> Hot Tapping <input type="checkbox"/> Hydro Jetting <input type="checkbox"/> Isolation of Fire Water network <input type="checkbox"/> Insulation / Painting <input type="checkbox"/> Online leak Sealing <input type="checkbox"/> Work on fragile roof <input type="checkbox"/> Material Handling <input type="checkbox"/> Others (Specify)	
Section C :: Tools & Equipment to be used	
<input type="checkbox"/> Welding Machine <input type="checkbox"/> Gas Cylinder <input type="checkbox"/> Non-flame proof equipment <input type="checkbox"/> Vehicle / Crane <input type="checkbox"/> Portable Electrical Tools <input type="checkbox"/> Stress relievong Machine <input type="checkbox"/> Hand tools <input type="checkbox"/> Air / Hydraulically opt. equip <input type="checkbox"/> Others (Specify)	
Section D :: Hazard Considerations	
<input type="checkbox"/> Fire Hazard <input type="checkbox"/> Pressurized <input type="checkbox"/> Oxygen Deficient <input type="checkbox"/> Fall from height <input type="checkbox"/> Hot Surface <input type="checkbox"/> Earth opening <input type="checkbox"/> Electrical <input type="checkbox"/> Dust / fibres <input type="checkbox"/> Radition Hazards <input type="checkbox"/> Toxic material (specify) <input type="checkbox"/> No.of persons in confined space <input type="checkbox"/> Others (Specify)	

JOB PREPARATIONS & PPE REQUIREMENTS	Section E :: Job / Equipment Preparation
	<input type="checkbox"/> LOTO applied. <input type="checkbox"/> LOTO Key Number..... LOTO Box Number..... <input type="checkbox"/> Ventilation ensured - blower provided <input type="checkbox"/> Protect surrounding area from sparks & fire <input type="checkbox"/> Depressurized / drained <input type="checkbox"/> Area barricaded <input type="checkbox"/> Ground the Weld.m/c / elect.Equip <input type="checkbox"/> Escape route checked & cleared <input type="checkbox"/> Use 24v hand lamp <input type="checkbox"/> Stand by person required <input type="checkbox"/> Electrical isolation tag No <input type="checkbox"/> Radioactive source isolation procedure completed <input type="checkbox"/> Online leak sealing procedure compliance <input type="checkbox"/> Hot tapping procedure compliance <input type="checkbox"/> Work at height procedure compliance <input type="checkbox"/> Ladders <input type="checkbox"/> scaffolding <input type="checkbox"/> Hydrojetting procedure compliance <input type="checkbox"/> Others (specify)..... <input type="checkbox"/> Protect surrounding area from fire <input type="checkbox"/> Stand by persons required A <input type="checkbox"/> Instrument Interlock Bypassed <input type="checkbox"/> Others B
	Section E :: PPE / Fire Protection
	<input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Airline Mask <input type="checkbox"/> Face Shield <input type="checkbox"/> Protective Suit <input type="checkbox"/> Dust Mask <input type="checkbox"/> Safety belt <input type="checkbox"/> Special Gloves <input type="checkbox"/> Chemical spalsh Goggles <input type="checkbox"/> Others <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Others
	<small>Note : Safety shoes,safety helmet,safetygoggles and the usage of regular / regular PPE is manadatory in addition to the above special PPE</small>
	Permit is valied fromHrs upto.....Hrs on Date.....
	Renewed Permit is valid from.....Hrs uptoHrs on Date.....
	We certify that work area has been inspected, job preparation,precautions & conditions are satisfactory and safe for the job to proceed & the people who are going to carry out the job have been explained the hazards involved and the precautions to be taken.
	Remaks :

APPROVAL	Section G :: Gas Tests	APPROVALS							
	Gas	Result	Time	Sign	Name	Sign	Date	Time	
	O ₂				Issuer				
	CO				Approver				
	SOX				Acceptor				
	NOX				Area Operator				

PERMIT CLOSING	Section H :: Closure / Cancellation	Name	Sign	Date	Time
	<input type="checkbox"/> Permit is closed -job is competed,housekeeping is restored to normal.And interlock normalized	Acceptor			
	<input type="checkbox"/> Permit is closed -job is competed,pl.issue a new work permit	Area Operator			
	<input type="checkbox"/> Permit is cancelled - permit cancelled as present condons are not conductive to carry work	Issuer			
	Remarks If any :				
	<input checked="" type="checkbox"/> Where applicable	<input checked="" type="checkbox"/> Where not applicable			