



HEIGHT WORK PERMIT (working at above 1.8mtr)

Form No.SHE-F-009 Rev.00

Project Name/ Project Nos:-	Permit Number:-
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Location Of Work:-	Permit valid Period Date.....Timing,.....
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Activity Leader:-	Permit valid Period Till Date.....Timing,.....
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Description Of Work:-

*This permit is valid only for the period stated above. This permit has to display in your work area always.

Do not proceed any work until your permit has been authorised by the relevant Authority*

HAZARDOUS AND PRECAUTIONS TO BE TAKEN CARE :-Primary Hazards are-Fumes,Electricals, gases, Liquids, Sludges, Radiations, Moving parts.

Please answer the following questions truthfully

	Yes	No	N/A
Are all workers qualified/trained to perform the required task?			
Are appropriate sign board to be erected?(hot work sign board)			
Is the work area to be barricaded?			
Are all workers medically fit to perform this work?			
Is the Scaffolding with valid tag available for use, Is the scaffolding in place and inspected?			
Is the Safety shoes(non slip), Helmet with chin strap available with employees.			
Is the safety belt/fall arrest system in place and inspected including; anchorages, body harnesses, connectors and deceleration devices?			
Is a Warning Line System and / or a safety Monitoring system is in place and inspected?			
Is the lifting tools, hand tools/equipment checked and in good condition?			
Are there any electrical wire/bus bar,ducts or vents on roof?			
Are there any risks from hazardous fumes, etc?			
Are there any risks from falling object?			
Is the light arrangement adequate?			
Is the Unwanted and rubbish material removed from the working area?			
Is the all employees aware about hazardous and safe working practices during working at height?			
Is the all related PPEs provided to the working area and checked for proper wearing by all?			
Other precautions required:-			

PERSONAL PROTECTIVE EQUIPMENTS REQUIRED

	Yes	No	N/A		Yes	No	N/A
Goggles/Eye protection				High visible Reflective Jacket			
Protective Gloves/Insulating gloves				Safety Harness			
Safety shoes				Arm Guard			
Safety Helmet/Hard cap				Ear plug/Ear Muff			

PERMIT REQUIRING AUTHORITY		
I confirm that I have verified the information contained on this permit and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined and the permit information has been explained to all workers involved. I accept responsibility for this work.		
Person Incharge Name:-	Manager Name:-	
Company/Department:-	Company/Department:-	
Signature:-	Signature:-	
Date:-	Date:-	
PERMIT ISSUING AUTHORITY(Safety Department)		
Safety Officer Name:-	Manager Name:-	
Department:-	Department:-	
Signature:-	Signature:-	
Date:-	Date:-	
PROJECT COMPLETION		
I confirm that the work has been completed/partially and check by myself and the area left in a safe and tidy condition.		
Person Incharge Name:-	Signature:-	Date:-
PERMIT HAND OVER BACK AND CANCELLATION		
I have inspected the completed/partially completed work. And here by cancel this permit.		
Authoriser Name:	Signature:-	Date:-

HOT WORK PERMIT

Project Name/ Project Nos:-	Permit Number:-
Location Of Work:-	Permit valid Period Date.....Timing.....
Activity Leader:-	Permit valid Period Till Date.....Timing.....

Description Of Work:-

*This permit is valid only for the period stated above. This permit has to display in your work area always.

Do not proceed any work until your permit has been authorised by the relevant Authority*

CHECK LIST FOR HOT WORK

	Yes	No	N/A
Are the persons deputed for work are skilled, trained and competent, to perform the required task?			
Is appropriate sign board to be erected?			
Is the work area to be barricaded.?			
Are all workers medically fit to perform this work.?			
Appropriate PPEs are available ie safety goggle, Mask, Helmet, Leather gloves, Leather Apron,Leg guard, safety shoes, Arm guard etc.(as applicable)			
Floors swept clean of combustibile materials for a radius of 35 feet away from the hot work.			
Available sprinklers, hose streams and Fire extinguishers are in working condition(as applicable).			
Fire extinguisher, Water Bucket, Sand Bucket and Fire blanket are placed for immediate using(as applicable).			
Hot work equipment are in good working condition in accordance with manufacturer's specifications.			
Equipment not to be used near flammable liquids or vapours.			
Fire hazard that cannot be moved is protected by appropriate guard.			
Personnel are protected from electric shock when floors are wet.			
Are all employees aware of hazardous and safe working practices during working on hot work?			
Other precautions required:-			

PERSONAL PROTECTIVE EQUIPMENTS REQUIRED

	Yes	No	N/A		Yes	No	N/A
Safety goggles & protectiveMask				High visible Reflective Jacket			
Leather gloves				Leather apron, leather leg guards			
Safety shoes				Arm Guard			
Safety Helmet				Ear plug			

PERMIT REQUIRING AUTHORITY

I confirm that I have verified the information contained on this permit and ensure that the necessary precautions

is taken. It is safe to carry out the work as defined and the permit information

has been explained to all workers involved .I accept responsibility for this work.

Person Incharge Name:-

Manager Name:-

Department:-

Department:-

Signature:-

Signature:-

Date:-

Date:-

PERMIT ISSUING AUTHORITY(Safety Department)

Safety Officer Name:-

Manager Name:-

Department:-

Department:-

Signature:-

Signature:-

Date:-

Date:-

PROJECT/WORK COMPLETION: -

I confirm that the work has been completed/partially and checked by myself and the area left in a safe and tidy condition.

Person Incharge Name:-

Signature:-

Date:-

PERMIT HAND OVER BACK AND CANCELLATION

I have Inspected the completed/partially completed work. And here by cancel this permit.

Authoriser Name:-

Signature:-

Date:-