WORK PERMIT

FSS/ PTW/ 01

1. PERMIT VALID From: _____Hrs. Date _____**to** _____Hrs. Date_____

2. NAME OF THE AGENCY/ CONTRACTOR: _____

3. NAME OF INCHARGE/ EXECUTION ENGINEER: _____

4. LOCATION OF WORK: _____

5. DESCRIPTION OF WORK: _____

6. TYPE OF PERMIT (tick the applicable)

	Hot work		Electrical isolation/Energization		Excavation		Confined space entry
	Lifting		Working at height permit		Demolition		Other/s_____

7. FOLLOWING APPLICABLE CHECKPOINTS FOR COMPLIANCE BEFORE ISSUING THE PERMISSION

Checkpoints	Yes	No	NA
A. Basic preparation (Mandatory for all work)			
Is the work area and access/egress safe free from obstruction and fall hazards (debris, trip hazards, open edges, cut-outs, etc.)?			
Is the inspection of equipment (hand tools, power tools, vehicles, and machines) planned or needed to be used performed as per the standard checklist, and are these safe to use?			
Is the working team fit and trained for the job?			
Are all workers wearing appropriate PPE (e.g., hard hats, safety shoes, high-visibility vests)?			
Is the emergency plan and contact information displayed?			
are workers trained on what to do in case of an emergency?			
Is a HIRA or JSA performed for the activity, and are mentioned controls in place?			
B. Excavation			
Is a safe excavation plan in place for verifying underground utilities, ensuring stability of nearby structures and safety measures (sloping/ benching) to prevent cave-ins or collapse?			
Is excavated soil kept or to be kept at least 1.0 meter away from edge of excavation?			
Is warning or caution board displayed near excavated area and hard barricaded to prevent falls?			
Are periodic inspections conducted to ensure safety in excavation activities?			
C. Work at Height			
Are appropriate fall protection systems in place (e.g., guardrails, safety nets, harnesses)?			
Are safe access and egress points provided for workers at height?			
Are equipment (Ladder, scaffold, Arial work platform) safe and inspected as per checklist?			
Are worker provided with Full body harness and trained in its use?			
Are all height workers have medical certificate, refer Form 20 of IS-17983:2023?			
Is the work area below the height secured to prevent access and falling object hazards?			
D. Hot Work			
Are appropriate fire extinguishers readily available and in working order?			
Have flammable materials been removed from the work area or properly protected?			
E. Lifting			
Is a safe lifting plan in place for all lifting operations?			
Are all slings and rigging equipment inspected, with valid TPC and in good condition?			
Are all lifting operations supervised by competent personnel?			
Is the area below lifting activities secured to prevent unauthorized access?			
F. Electrical			
Are IP-rated electrical boards, industrial plug-sockets, and three-core cables the only ones used?			
Is the cable free from tape joints or damage, and is safe laying management ensured?			
Are all electrical work activities performed by qualified electricians?			
Are proper earthing and Residual Current Circuit Breaker (RCCB) provided?			
Are lockout-tagout (LOTO) procedures followed during electrical maintenance?			
G. Confined Space Entry			
Have atmospheric tests been conducted before and during entry into confined spaces?			
Is adequate ventilation provided and rescue plan in place to deal with emergency?			
H. Demolition and De-shuttering			
Is structural integrity assessment conducted to confirm the safe demolition or de-shuttering?			
Is the work area properly secured with barriers and signage to prevent unauthorized access?			

I. Others:			

8. Requestor (PM-Contractor):

Name: _____Signature: _____Date:_____Time: _____

9. Issuer (PM-PMC):

Name_____ Signature: _____Date: _____Time: ____

10. Random Check (Office of Dean (IPS)/ Fire and Safety Team/ Security Section/ Executive engineer/ IITB staff)

Observation/Recommendation	Name & Signature

11. Tool Box Talk (Tick the discussed topics)

Fall Protection & Prevention	Scaffolding Safety and Ladders	Lifting & Crane Safety	Tools, Machine and Equipment Safety	Site Housekeeping and Debris/ Waste Management	Safe Materials Handling	Traffic & Pedestrian Safety
Electrical Safety	Fire Safety	PPE	Excavation Safety	Emergency Response	Other_____	

12. Persons working under this work permit: Requestor and issuer have informed the persons working under permit about hazards and risk associated with work and controls to be taken.

Sr. No.	Name	ID Card Number	Sr. No.	Name	ID Card Number
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		

Total no. of worker allowed to work under this work permit_____

13. Extension of work permit (To be filled only for same job, same team and same issuer)

Extended till: _____hr. date_____ Issuer Name and Signature _____

14. Closure/ Return of Permits:

Receiver/ Requester: I have ensured that all person working under work permit removed from work and site is safe.

Name:_____Signature:_____Date:_____Time: _____

Permittee/ Issuer: I have verified that the area is clear and safe from any hazards.

Name:_____Signature:_____Date:_____Time: _____