Permit Sr. #: _____

1. General Information

Project Name			**Site Name**		
Activity Location			**Worker Name**		
Permit Date		**Permit Validity**		**Issued By**	

2. Work Activity and Tools Details/Description

2.1. Work Scope

2.2. Tools & Equipment List

1		6	
2		7	
3		8	
4		9	
5		10	

3. Workers Credentials

a. Workers are trained to perform the job, they under the work associated hazards?	Yes ☐	No ☐
b. Information and Toolbox Talk has been provided to the workers before start of job?	Yes ☐	No ☐
c. Training certificates of the workers have been verified by the management?	Yes ☐	No ☐

4. Work Related Hazards and Relevant Control Measures

a. Risk Assessment and Job Safety Analysis has been performed relevant to the activity?	Yes ☐	No ☐
b. Contractor has been approved for the work according to **Contractor Management Procedure**?	Yes ☐	No ☐
c. Contractors have been inducted on site and induction training has been delivered?	Yes ☐	No ☐
d. Workers are authorized to perform the cold work activity only?	Yes ☐	No ☐
e. Confined space testing will be done before entry if work is to be performed there?	Yes ☐	No ☐
f. Any hazardous area is barricaded around cold work area & if needed equipment is shut down?	Yes ☐	No ☐
g. Other workers are notified about the work activity and equipment shut down during work?	Yes ☐	No ☐
h. Tools and equipment are checked before start of work and damaged ones are discarded?	Yes ☐	No ☐
i. Emergency equipment are provided e.g., fire extinguisher, sprinkle system, first aid box etc.	Yes ☐	No ☐
j. Workers are trained to use the fire extinguisher and first aid in case of emergency?	Yes ☐	No ☐
k. After work activity, the area is made clear of debris, flammable materials?	Yes ☐	No ☐

5. Other Control Measures

6. Emergency Arrangements

Barricades	Yes ☐	No ☐	Safety Signs	Yes ☐	No ☐
Fire Extinguisher	Yes ☐	No ☐	First Aid Box	Yes ☐	No ☐

7. Emergency Contact Details

Emergency Contact Details available onsite with reasonable communication devices?	Yes ☐	No ☐

Designation	Name	Contact Number

8. Work Completion

a. All the arrangements made for activity are ensured to be secured?	Yes ☐	No ☐
b. The area is sealed and upon being safe, opened for normal operation?	Yes ☐	No ☐
c. All the equipment, tools, machinery is secured and removed from site?	Yes ☐	No ☐

9. Authorizing and Receiving Bodies		Receiving Body	
Authorizing Person Name		Receiver Name	
Signature		Signature	
Issuing Date		Valid Till	
Date		Time	

10. Cancellation

I ensure that the above mention activity has been completed successfully and safely. The work area is free of hazardous material and tools and ready to be used for normal routine operation. The permit can be cancelled.

Permit Issued By	Permit Received By

Authorizing Person Name		Receiver Name	
Signature		Signature	
Issuing Date		Valid Till	
Date		Time	