

Logo	<b>Electrical System Work Permit</b>		Doc Ref #: XYZ/IMS/QHSE/F/00	
	QHSE Forms		Issue Date: DD-MM-YYYY	
	Organization Name		Rev #: 00 Page 1 of 3	

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

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<b>2.2. Tools &amp; Equipment List</b>		<b>2.3. Personal Protective Equipment</b>	
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1		1	
2		2	
3		3	
4		4	
5		5	

### 3. Workers Credentials

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

### 4. Work Related Hazards and Relevant Control Measures

a. Work related Risk Assessment and Job Safety Analysis has been performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Isolation is required to perform the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. The equipment, which is to be maintained has been secured through Lock Out/ Tag Out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. The area has been barricaded through physical arrangements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Safety signs are provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. All the tools and equipment for work are insulated, intrinsically safe and tested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. The previous maintenance record is reviewed before commencement of job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Only authorized people are allowed to perform the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Supervision will be provided during the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	QHSE Forms	
	Organization Name	

**5. Other Control Measures**

**6. Emergency Arrangements**

Barricades	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Safety Signs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Extinguisher	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Aid Box	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**7. Emergency Contact Details**

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

Designation	Name	Contact Number

**8. Authorizing and Receiving Bodies**

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

**9. Work Completion**

a. The system has been tested after maintenance and is safe to use for normal operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. The area has been de-sealed and handed over to in charge for normal operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. The equipment, tools and debris has been removed from the workplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Locked and Tagged control panels have been released by the competent person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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.

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	<b>QHSE Forms</b>	
	<b>Organization Name</b>	

<b>Permit Issued By</b>		<b>Permit Received By</b>	
Authorizing Person Name		Receiver Name	
Signature		Signature	
Issuing Date		Valid Till	
Date		Time	