

PERMIT TO WORK

PART A: WORK REQUEST

Permit No. _____

Supervisor's name:	Department/Company:
Location of Work:	Date/Time Inform:
Date/Time start:	Date/Time end:
Work description or Problem(s):	
Remarks:	

PART B : SAFETY MEASURES TO BE IMPLEMENTED BY REQUESTOR PRIOR TO HANDING OVER TO ENGINEERING DEPT / CONTRACTOR

Time From: _____ Time To: _____
Equipment Involved: _____

Important: If the work is not completed within this timescale a new permit-to-work must be completed. This permit shall be void if the required CSEP and/or Hot Work Permit becomes void.

NO	ITEMS TO BE CHECKED	Yes	NR	NA	REMARKS
1	Will the work be carried out in the pressroom factory where flammable liquids are stored and used? (If Yes, work can only be carried out on days where there are no production activities)				No work allowed when there are production activities
2	Is Confined Space Entry required? If YES, complete request for Confined Space Entry Permit (CSEP) and attach behind this form.				Approval by Authorised Manager required
3	Is Hot Work required? If YES, complete request for Hot Work Permit and attach behind this form.				Approval by Authorised Manager required
4	Is work at height required? (Attach all relevant documents e.g., ladder checklist, scaffold inspection forms, fall arrest equipment inspection log, etc)				Follow 'OHS-OP-06 Fall Prevention Plan
5	Have all hazardous energy sources been isolated? Attach LOTO Checklist to this form.				Follow 'OHS-OP-03 Lock-Out Tag-Out'
6	Are Lifting Equipment / Lifting Gear used? (Attach relevant Certificate of Test by PE in accordance to WSH General Provisions Regulation)				
7	Have the surrounding area been made free of oil, grease or chemicals?				
8	Have the surrounding area been swept clean of dusts?				
9	Have all loose equipment, tools, etc that may pose trip hazards, been removed?				
10	Have signs or barricade tapes been put up in the area/equipment to be worked on to notify all affected persons				

Notes on Format of Permit No

E.g., 001-PROD-2018, 001-ENGG-2018, etc. The first 3 digits is the running permit number, followed by the short form of the department and finally the year the permit application was made.

Updated: 19-Jan-2018

Personal Protective Equipment:

- | | | | | |
|---|--|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Safety Goggles | <input type="checkbox"/> Face shield | <input type="checkbox"/> Ear plugs | <input type="checkbox"/> Safety shoes |
| <input type="checkbox"/> Safety Boots | <input type="checkbox"/> Disposable Respirators | <input type="checkbox"/> Full / Half-face respirators | | |
| <input type="checkbox"/> Woven Gloves | <input type="checkbox"/> Chemical-resistant gloves | <input type="checkbox"/> Chemical-resistant overalls / Aprons | | |
| <input type="checkbox"/> Safety belt | <input type="checkbox"/> Safety harness | <input type="checkbox"/> Hard Hat | | |

I confirm that I have taken all necessary steps to remove and/or control the hazards detailed in Part B as well as verified that the necessary documentation have been submitted to me.

_____ Supervisor's Name	_____ Supervisor's Signature	_____ Date / Time
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I UNDERSTAND the directions and precautions to be taken and AGREE to abide by them. When unsafe conditions develop, I MUST STOP work and NOTIFY the issuing authority immediately.

_____ Workman's Name	_____ Workman's Signature	_____ Date / Time
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PART C: APPROVAL

I confirm that I have inspected the work area detailed above, verified that the following forms:

☐ **Hot Work Permit** / ☐ **Confined Space Entry Permit** ☐ **Work-at-height Permit** ☐ **LOTO Checklist**
have been duly completed and declare to the best of my knowledge and belief that the work can be carried out safely and without serious risk of injury to health.

_____ Authorised Manager's Name	_____ Authorised Manager's Signature	_____ Date / Time
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PART D : COMPLETION OF WORK

Action taken to problem identified in Part A: *(Completed by Supervisor)*

I confirm that the work has been completed in accordance with this permit. Services have been restored and the work area is ready for re-occupation.

_____ Supervisor's Name	_____ Supervisor's Signature	_____ Date/Time
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PART E: REINSTATEMENT OF WORK AREA

I confirm that all equipment has been returned to service, safety signs have been removed and the users informed that work may resume in this area.

_____ Supervisor's Name	_____ Supervisor's Signature	_____ Date/Time
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PART F: CANCELLATION / RENEWAL (OPTIONAL, ONLY IF NECESSARY)

☐ THIS PERMIT IS NOW CANCELLED and the work can no longer be carried out safely without risk of injury to Health.

☐ Work cannot be completed within the specified period. A separate Permit should be issued for work.

☐ Work to be continued by _____

_____ Supervisor's Name	_____ Supervisor's Signature	_____ Date/Time
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