# PERMIT FOR WORKING AT HEIGHT

*IS 17893 : 2023 — Annex F (Clause 3.6)*

*(Required for working at heights of 1.8 m & above)*

F-1 This permit authorizes for provision of safe access/platform/working arrangement at height for carrying out the job.

**F-2 From (h/date) :** _____

**To (h/date) :** _____

**F-3 Name of the Agency/Contractor :** _____

**F-4 Name of the Site Supervisor :** _____

**F-5 Job/Work Order No. :** _____

**Location of Work :** _____

**F-6 Description of Work :** _____

**F-7 Total No. of Workers Allowed :** _____

## F-8 Permittee Shall Check the Following Items for Compliance Before Soliciting the Permission

| Sl No. | Items | Yes | Not Req. |
|---|---|---|---|
| i) | Have scaffolds been checked and certified in prescribed form by scaffold supervisor? | | |
| ii) | Have scaffolds been tagged with green card duly filled and signed by scaffold supervisor? | | |
| iii) | Is scaffold rechecked and re-certified weekly? | | |
| iv) | Is scaffold erected on firm ground and sole plate and base plate have been used? | | |
| v) | Is the hanging baskets used of proper construction, tested and certified for the purpose? | | |
| vi) | Is the work platform made free of hazards of all traps/trips/slips and fall? | | |
| vii) | Have cat ladders, crawling boards etc been used for safe working at sloping roof? | | |
| viii) | Has edge protection provided against fall from roof/elevated space? | | |

## F-9 Items to be Checked for Risk Assessment by Issuer and Complied by Permittee

| Sl No. | Items | Yes | Not Req. |
|---|---|---|---|
| i) | Are the platforms been provided with Toe board, guardrail and area below is barricaded? | | |
| ii) | Checked whether safety harness and necessary arrangement for tying the life-line, fall arresters etc provided to the worker for working at height? | | |
| iii) | Have precautions been listed below for safe working at height for source of energy such as electricity? | | |
| iv) | Is the raised work surface properly illuminated? | | |
| v) | Are the workers working near unguarded shafts, excavations or hot line? | | |
| vi) | Checked for provision of collective fall protection such as safety net? | | |
| vii) | Additional PPE recommended? | | |
| viii) | Are proper means of access to the scaffold including use of standard aluminum ladder provided? | | |

**F-10 Additional Precaution Required, if Any :** _____

| **Fire Permit Signatory (FPS)/Gas Safety Inspector (GSI) — Issuer** | **Permittee/Receiver** |
|---|---|
| Signature : _____ Date : _____ | Signature : _____ Date : _____ |

| | |
|---|---|
| Name :<br>_____<br>Designation : _____ Tel No. : | Name :<br>_____<br>Designation : _____ Tel No. : |

| | |
|---|---|
| **Concerned Area Head of Department (HOD)/RSM ****<br><br>Signature : _____ Date : _____<br>Name :<br>_____<br>Designation : _____ Tel No. : | **Permittee HOD ****<br><br>Signature : _____ Date : _____<br>Name :<br>_____<br>Designation : _____ Tel No. : _____ |

*** Required in case: Permit is needed beyond normal working hours (8.00 h to 17.00 h)/round the clock/Sundays and holidays.*

## F-11 Closing of the Work Permit

Issuer: Verified that job has been completed and area cleared, and is safe from any hazards.

**Date and Time :** _____

**Signature :** _____

**Date and Time :** _____

**Name and Designation :** _____

**Signature :** _____

## F-12 Additional Precautions

*Table 15*

| Sl No. | Date | From | To | Precautions if any, Other Wise Mention "NIL" |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Issuer / Receiver

| | |
|---|---|
| **ISSUER — Name of GSI/FPS**<br><br>Signature : _____ Date : _____<br>Name :<br>_____<br>Designation : _____ Tel No. : _____ | **RECEIVER — Name of Permittee**<br><br>Signature : _____ Date : _____<br>Name :<br>_____<br>Designation : _____ Tel No. : _____ |

## F-12 Instructions

- F-12.1 This permit will be issued in Triplicate. GREEN COPY (ORIGINAL) and WHITE COPY (TRIPLICATE) will be for the permittee. ISSUING AUTHORITY will retain WHITE COPY (DUPLICATE). This permit shall be valid for a period of 8 h only, unless it is renewed/extended. This clearance on the same permit can be renewed/extended up to a maximum of 7 calendar days.
- F-12.2 After the completion of the job, copies of work permit should be returned to the ISSUER.
- F-12.3 Items applicable must be ticked (√).

- F-12.4 All works at height shall be discontinued during rain/high wind/floods.
- F-12.5 Stop all jobs in case scaffold is sagging unduly, report to EIC.
- F-12.6 Metallic tubular scaffolding and standard aluminium ladders are only to be used.
- F-12.7 All works must stop on instruction from permit issuing authority, permittee and officers of Fire and Safety Department or whenever unsafe condition is detected.
- F-12.8 Permittee shall obtain permission from the respective disciplines.
- F-12.9 Permittee to ensure the compliance of safety precaution required mentioned in permit.
- F-12.10 Use of approved type full body safety harness along with lifeline is must for working at height of 2.0 m and above.
- F-12.11 Permit must be available at site during the work.
- F-12.12 Use of safety helmet and shoe is mandatory for all work sites.
- F-12.13 Permittee shall ensure that all working personnel have taken SAFETY TRAINING before start of work. Toolbox talk and key point tipping shall be given by permittee daily before start of work.
- F-12.14 Sketches should be provided, if required.
- F-12.15 Term "TRAP" means a gap of 1 inch or more in scaffold platform, "TRIP" means projected object on floor of work platform such as overlap of scaffold boards etc, "SLIP" means oily/slippery floor of scaffold platform and "FALL" means fall prevention measures such as guard rail/toe guard is in place.

## F-13 Pre Erection Checklist for Scaffolds

*(To be filled up and complied before erection of scaffold at site, before giving permit to start the erection)*

**F-13.1 Exact Location of Work (Unit/Area/Equipment No.) :** _____

**F-13.2 Description of Work to be Performed :** _____

**F-13.3 Expected Date and Time to Start Erection :** _____

**F-13.4 Expected Date of Completion :** _____

**F-14 Maximum No. of Persons Allowed on Scaffold After Erection :**

_____

## F-15 Tick Mark the Associated Permit

*Table 16*

| Sl No. | Associated Permits | Tick Mark |
|---|---|---|
| i) | Hot work/entry into confined space permit | |
| ii) | Cold work permit | |
| iii) | Confined space entry permit | |
| iv) | Radiography permit | |
| v) | Excavation permit | |
| vi) | Electrical isolation/Energisation permit | |
| vii) | Working at height permit | |

## F-16 Scaffold Materials Available at Site

*Table 17*

| Sl No. | Items | Yes | Not | Not Required (NR) |
|---|---|---|---|---|
| i) | Scaffold pipes (Note 1) | | | |
| ii) | Scaffold couplers (Note 1) | | | |
| iii) | Deck boards (Note 1) | | | |
| iv) | Base plate (Note 1) | | | |
| v) | Sole plate | | | |
| vi) | Toe board (Note 2) | | | |
| vii) | Reveal pin | | | |

| Sl No. | Items | Yes | Not | Not Required (NR) |
|---|---|---|---|---|
| viii) | Standard aluminum ladder (as per IS/BS) (Note 2) | | | |
| ix) | Mettle wire to fix ladder (Note 2) | | | |
| x) | Tags (red and green) (Note 1) | | | |
| xi) | Toe board clip (Note 2) | | | |
| xii) | Joint pin | | | |
| xiii) | Approved full body safety harness with lanyard/life line (Note 3) | | | |
| xiv) | Double fork type lanyard with energy absorber (Note 4) | | | |
| xv) | Fall arrester | | | |
| xvi) | Safety Net | | | |

*Notes: 1. Compulsory for all scaffolds used for working at height by persons. 2. Compulsory for scaffold of height 1.8 m and above. 3. Compulsory for 2 m and above. 4. Compulsory during scaffold erection, repair, modification and dismantling and also when ladder is not in use.*

## F-17 Name of Trained Scaffold Supervisor (Training Validity 1 Year)

*Table 18*

| Sl No. | Name | Trained on |
|---|---|---|
| i) | | |
| ii) | | |
| iii) | | |
| iv) | | |
| v) | | |
| vi) | | |
| vii) | | |
| viii) | | |
| ix) | | |
| x) | | |

## F-18 Quality of Scaffold Materials Available at Site

*Table 19*

| Sl No. | Items | Yes | No |
|---|---|---|---|
| i) | Are scaffold tubes not damaged/deformed? | | |
| ii) | Are scaffold boards/sole plates damaged/deformed? | | |
| iii) | Is couplers suitable type and free from defects? | | |
| iv) | Are base plates free from defects? | | |
| v) | Are standard metal wires available for tying ladder? | | |
| vi) | Are standard aluminium ladder(s) free from defects, deformity and temporary repairs? | | |

**Name and Designation of Site Engineer/E-I-C :** _____

**Signature with Date :** _____

## F-19 Safety Check by Issuer

*Table 20*

| Sl No. | Item | Yes | No | Not Required |
|---|---|---|---|---|
| i) | Area inspected for erection of scaffold and found surface consolidated/hardened | | | |
| ii) | Is safety harness(s) with lanyards available and in good condition? | | | |
| iii) | Are other PPE such as fall arrester available? | | | |
| iv) | Is Safety net available? | | | |
| v) | Is 100 percent safety briefing given by Site engineer before start of work? | | | |

| Sl No. | Item | Yes | No | Not Required |
|---|---|---|---|---|
| vi) | Are scaffold materials properly stacked at site, without obstruction approach routes? | | | |
| vii) | Are warning signs, barricading tapes available at site? | | | |
| viii) | Is medical certificate for persons working at a height of 2 m and above available? | | | |

**Date / Time :** _____

| **Signature / Name / Designation** | **Signature / Name / Designation** |
|---|---|
| Signature : _____ Date : _____<br>Name :<br>_____<br>Designation : _____ Tel No. : | Signature : _____ Date : _____<br>Name :<br>_____<br>Designation : _____ Tel No. : |

*Notes: 1. This pre erection checklist shall be filled up by executer and issuer before start erection of each scaffold. Pre-erection checklist shall be filled by E-I-C in duplicate and submit to issuer for further check. On further check by issuer, the executer shall comply with all requirements as mentioned in checklist and sign the checklist. 2. Duplicate copy shall be returned to issuer after compliance, whereas original shall be retained by executer. Check-list points marked as "NO" must be attended and addressed in this format.*

## F-19 Checklist for Scaffold

*Table 21*

| Sl No. | Unit/Item | Location/Equipment/Checkpoint | Date/Inspected Condition | Type of Scaffold/Comments | Erected by Action |
|---|---|---|---|---|---|
| i) | Foundation | Firm and even | | | |
| ii) | Standards | Vertical / Staggered joints / Right spacing / Not damaged | | | |
| iii) | Ledgers | Level / Staggered joints / Not loose / Not damaged | | | |
| iv) | Transoms | Right spacing / Not loose | | | |
| v) | Bracing Ties | Right support / None missing | | | |
| vi) | Fittings | Not loose / Right fitting | | | |
| vii) | Ladders | Not damaged / Check couplers / Proper angle / Right length / Properly secured / Separate landing | | | |
| viii) | Guardrails | Right extension / Right height / Right length | | | |
| ix) | Toe-boards | None missing | | | |
| x) | Others | | | | |
| xi) | General Comments / Name / Signature / Date and Time | | | | |
| **Contractor's Supervisor/Engineer**<br>Signature : | **Maintenance Engineer/Civil/ Mechanical/Instrumentation Engineer**<br>Signature : _____ Date : _____ | | | | |

| Sl No. | Unit/Item | Location/Equipment/Checkpoint | Date/Inspected Condition | Type of Scaffold/Comments | Erected by Action |
|---|---|---|---|---|---|
| _____ _____ _____ _____ _____ _ Date : _____ _____ ___ Name : _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Designation : _____ _____ __ Tel No. : _____ _____ | Name : _____ _____ _____ _ Designation : _____ _____ Tel No. : _____ | | | | |

**Name :** _____

**Designation :** _____

**Date and Time :** _____

*Note: Contractor shall carry out further periodic inspections every seven days. Above signatories must approve any change made to the scaffold after signing this check list.*

## F-20 Medical Certificate

### F-20.1 Form for Medical Check Up for the Workman Engaged by the Contractor (Working at Heights)

Certified that I _____ have examined Shri _____ Age _____ who has signed below in my presence. The details of his examination as required are given in the enclosed medical examination report. I certify that all clinical and pathological tests were done in my hospital/dispensary under my instructions and I find him fit. General and physical examinations of Shri _____ do not reveal any abnormality. He does not suffer from any acute/chronic skin disease or any contagious or infectious disease. He is medically fit to work at height of 2.0 metres and more since he is free from Vertigo, Epilepsy or Fits, general giddiness and height related disease. His B.P., Pulse, Eye sight etc are normal.

In my opinion Shri _____ is physically and mentally fit for job in _____

**Signature of the workmen :** _____

**Date :** _____

**F-20.1 Signature and Rubber Stamp of Medical Practitioner with Name**

*Note: This certificate is to be given on the letter head of the registered medical practitioner who is possessing allopathic qualification as recognized by the Indian medical council. Below the signature, the rubber stamp of the medical practitioner should be affixed. The letter head normally should contain the following:*

**Name of the medical practitioner : _____**

**Qualifications : _____**

**Registration number : _____**

**Designation : _____**

**Address : _____**