



Health, Safety & Environment Department

**Limited Access Permit (LAP)
(FM.GN.HSE.01-01)**

Sr.No:0034701

Issue - Authorized Person (AP)

To (CP): -----

Section / Company: -----

Issue for:

Confined Space **Hot works** **Excavations**

Location: -----

The following work is to be under taken: -----

Required precautions in accordance with SSR (Safety from the System): -----

Required precautions for additional risks (SOPs): -----

Control Person notified: ----- Date: ----- Time: -----

Authorized Person: ----- Signature: ----- Date: ----- Time: -----

Receipt - Competent Person (CP)

I hereby declare that I have satisfied myself that the location stated above is safe to work and accept the responsibility for carrying out and adequately supervising the work.

Competent Person Signature: ----- Date: ----- Time: -----

Clearance - Competent Person (CP)

I hereby declare that all persons under my control have been withdrawn and warned that it is no longer safe to work on the location above and all tools and gears have been removed, work area maintained clean and tidy and leaving the location safe for service.

Competent Person Signature: ----- Date: ----- Time: -----

Cancellation – Authorized Person (AP)

I have considered the location covered by this clearance and I am satisfied that it is fit for service.

LAP is cancelled and notified to Control Person: ----- Date ----- Time: -----

Authorized Person: ----- Signature: ----- Date: ----- Time: -----