



Health, Safety & Environment Department

Permit To Work (PtW) (FM.GN.HSE.01-02)

Sr.No:0034701

Additional Risks:

- Confined Space Hot works Excavations

Issue - Authorized Person (AP)

To (CP): ----- Section / Company: -----

Location: -----

Equipment: -----

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

----- The Points of Isolation
are: -----

Primary Earths / Discharged at: -----

Earthing schedule No: ----- Additional Earth: -----

Other precautions in accordance with SSR are: -----

PTW is Issued with the consent of Control Person: ----- Date ----- Time: -----

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

Receipt - Competent Person (CP)

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

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

Clearance - Competent Person (CP)

I hereby declare that all persons have been withdrawn and warned that it is no longer safe to work on or near the equipment and all tools and gears have been removed, leaving the equipment ready for return to service.

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

Cancellation – Authorized Person (AP)

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

PTW is cancelled with the consent of Control Person: ----- Date ----- Time: -----

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

AP – White Copy, CP – Yellow Copy, CN or HSE – Third Copy and Record – Fourth Copy



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No	Description	Check
1	Do you clearly understand the instructions as described by the Authorized Person issuing the Safety Document?	
2	Have you, the CP (Team Leader), communicated the requirements of this Permit to all the members of your working party? (Tool Box Talk)	
3	Has the Safety Zone been established and barricaded effectively?	
4	Are the required safety signs displayed?	
5	Does your working party understand that the barricade and safety signs must not be moved or interfered with?	
6	Is the respective SOP(s) available for activities to be performed?	
7	Have any other hazard in proximity to the Safety Zone been identified? These must not impact on your work!	
8	If any conditions change that affect your Safety Zone, STOP work, withdraw your team members and inform the AP.	
9	Is all required PPE available?	
10	Is PPE being worn / used as required?	
11	Are all required tools and equipment available and in a good condition?	
12	Are valid electrical test or calibration certificates for tools and equipment available?	
13	Are all tools and equipment being used in the correct and safe manner?	
14	Is an appropriate fire extinguisher available on site (CO2)?	
15	Is one of the team members a trained first aider?	
16	Is a first aid box available with the required equipment?	