

□
□
□
□
□

WORKING AT HEIGHT PERMIT



Date of Work :	Initiator:	Permit No.:
Description of work :		
Name of person supervising:		Dept./Function:
Names of workmen involved in the job :		
1	2	
3	4	
Exact Location of Work:		
JSA Reference No.		
Job Instruction & Confirmation Sheet Ref. No		
Valid From : Time Date: To Time: Date:		
Other relevant information		
Initiated by Engineer / Supervisor		Checked by Agency Safety Representative
Name		Name
Signature		Signature
Date		Date
Check list for Authorization of Work Permit		
Minimum and Mandatory Precautions		Y/ N / NA
1	Permit form filled in completely?	
2	<input type="checkbox"/> r <input type="checkbox"/> rd <input type="checkbox"/> d <input type="checkbox"/> rr <input type="checkbox"/> d <input type="checkbox"/> d	
3	<input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> d	
4	<input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> r	
5	<input type="checkbox"/> dd <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> r	
6	<input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> d	
7	<input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> r	
8	<input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> r	
9	<input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> r	
10	<input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d	
11	<input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> r	
12	<input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> d <input type="checkbox"/> r	
13	<input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> r <input type="checkbox"/> r <input type="checkbox"/> d <input type="checkbox"/> r	



ANSWER KEY



1