

Annexure - III

CONFINED SPACE WORK 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 Referance No.					
Job Instruction & Confirmation Sheet Ref. No					
Valid From : Time Date: To Time: Date:					
Other relevant information (if any)					
Initiated by Engineer / Supervisor of Agency			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	Have wind, atmospheric, and work area conditions (e.g. cold, hot, snow, poor lighting & Ventilation etc.) been considered throughout the job so that work can be done safely?				
3	All necessary Personnel Protective Equipment like Breathing Set, Waist Rope, Light Mounted Helmet etc. is put on by all the workmen?				
4	A lifeline, a rope tied on the safety belt of the person entering the confined space is provided?				
5	All practicable measures are taken to ensure that the atmosphere inside is not deficient in oxygen and does not contain flammable vapors and no hazardous gases like H ₂ S. (Open at least 2 manholes & keep for 2 hours)?				
6	One fully trained person is stationed at ground level/outside to assist the inside workers and emergency contact No's available?				
7	All the workers trained for emergency?				

