

GENERAL WORK PERMIT

GENERAL WORK PERMIT

Permit N:PTW-



Date 14-APR-2025

Start time: 1130hrs

Finish time:1830hrs

Company: LEEMTECH (FOR LIQUID INT. TECHNOLOGIES)
Work to be performed:

INSTALLATION AT OUR CUSTOMER MUGABUTSINZE ISSA HOUSE NUMBER 9 FLOOR NUMBER 1

Isolation certificate

Electrical Isolation

Mechanical Isolation

N°

N°

Method Statement /Risk Assessment-

Work executor: Number of workers: 2 DEOGRATIUS FAUSTINE FIELD ENGINEER 0698253030
Work location: PENINSULAT APARTMENT AVIT TESHA 0687946058

Equipment/Tools to be used: Hammer, Fiber 2f cable, microduct 5\8 mm, Splicing machine

Hazards:

Adjacent works

☐ Grating / Handrails removal☐ Toxic / Corrosive products☐ Gas / Liquid under pressure☐ Isolation by simple blind flange☐ Moving / Rotating parts☐ No confined space☐ Area under specific risks☐ Presence of cables / pipes☐ Energized equipment☐ Energized panel☐ High / Low temperatures☐ Weather conditions☐ Work by the edge of water☐ Others:☐ Yes☐ No

Interference with other permits to work:

If yes, specify permits No.:

Precautions:

Mandatory

Personal Protective Equipment

Safety shoes

☐ Helmet☐ Safety glasses☐ High reflective vest☐ Long sleeves☐ Hand Gloves☐ SCBA☐ Dust Mask (Where Required)☐ Face shield (Where require)☐ Hearing protection☐ Full body overall☐ Full Body Harness☐ Life Lines

Other Equipment

Fire fighting equipment

☐ Emergency rescue equipment☐ Temporary additional lighting☐ Access to be provided☐ Safety slings / Barricading☐ Spark-free tools (Bronze)☐ Ex-areas specific PPE*☐ Intrinsically safe radios/phones☐ Others :

Other requirements

Working alone forbidden Gas

☐ testing Continuous gas testing☐ Equipment depressed / vented☐ Equipment naturally ventilated☐ Equipment mechanically☐ Equipment drained☐ Inert gas purging☐ HSE permanent monitoring☐ Electrical isolation / Lock-out☐ Mechanical isolation / Lock-out

Additional Instructions and Notes:

I understand the precautions to be taken and accept responsibility for carrying out the work detailed on this permit. All personnel involved in this work will be informed by me of the precautions laid down. I will notify the Permit Issuing Authority upon suspension/completion of this work.

	Date	Name	Signature
Work Executor / PA	14-APR-2025	DEOGRATIUS FAUSTINE AVIT TESHA	

CLIENT SIGNATURE

I declare that it is safe for the work specified above to be carried out and that the conditions laid down on this Permit have been observed.

Approval	Date	Name	Signature
Issuing Authority			

I have completed / suspended the work on this Permit and restored worksite to safe conditions.

Permit Completion	Date	Name	Signature
Work executor / PA			

I confirm that the work is completed / suspended and that the worksite safe conditions have been

	Date	Name	Signature
Issuing Authority			

Work was stopped for safety reasons

☐

Work will continue with Permit N.

☐

Name (Print)	Job Title	Date	Time	Signature

Special Note If any:

DISTRIBUTION: 1. HSE DEPARTMENT

2. WORK EXECUTOR