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| Inspection Check List for Permit To Work |
| Date & time of Inspection: Location of Inspection: |
| Inspected by (Name of Safety Personal): Name of Execution Person: |

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| **Sr.**  **No.** | **Check points** | **Yes/**  **No** | **Corrective Action Required** | **Action By** | **Due Date** | **Status** |
| 1 | Is the PTW posted/kept at the worksite? Is the work linked to other associated permits or certificates (Are they referenced on the permit) |  |  |  |  |  |
| 2 | Are all precautions listed in the PTW in place, adequate and properly managed? (Fire watch ,Extinguisher, hose etc) |  |  |  |  |  |
| 3 | Is there / has there been a Supervisor present at the activity location in the past 30 minutes. |  |  |  |  |  |
| 4 | When Supervisor is identified, establish whether he understands the content of the PTW and Method Statement and Risk Assessment |  |  |  |  |  |
| 5 | Are all the persons involved in the PTW were given specific training for PTW nominated persons (Performing Authority, PIWC & Stand-by (Fire Watch/Conf Space Entry) |  |  |  |  |  |
| 6 | Has a PTW been raised for the job and is it posted / kept at the worksite. Work is linked to other associated work permits or simultaneous activities? |  |  |  |  |  |
| 7 | Does the PTW identify the Method Statement for the job by its Doc. No. and title. |  |  |  |  |  |
| 8 | Work is authorized by the responsible person (s)?, Is affected area authority consulted when permit has been issued by his designee. |  |  |  |  |  |
| 9 | Is there a Method Statement,/ Risk Assessment accompanying the PTW (posted / kept at the worksite) |  |  |  |  |  |
| 10 | Is there AUTHORIZATION signatures on all pages of the Risk Assessment |  |  |  |  |  |
| 11 | Are the hazards associated with the activity adequately identified & assessed? Are the established measures to eliminated hazards implemented? |  |  |  |  |  |
| 12 | Is all PTW related checklist & certificate available attached to PTW & correctly completed, signed off by authorized persons as required? |  |  |  |  |  |

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| 13 | Is PTW valid & re- validated and signed off by authorized persons |  |  |  |  |  |
| 14 | Are all PTW/Certificate Precautions implemented? |  |  |  |  |  |

Checked By ………………………………………………………………… Date……………………………

Signature

HSE Officer Superintendent /Foreman