

Testing Mahalakshmi

DAILY PERMIT TO WORK

PTW No : PROJECT1-EPTW-MC-00004

Project : Project 1
Category : HOT WORKS
Sub Category : EPTW MAINCON INCHARGE
Application Date : 21-Nov-2025

This permit is valid only for the period stated below. The conditions of issue must be complied with throughout the duration of work. This permit may be revoked at any time. You are responsible for the copy of this permit to display at work location till completion of the above work or expiry or revocation of permit and must produce it on request. Ensure relevant checklists are completed & submitted with this PTW application.

PART 1: APPLICATION - BY PERMIT REQUESTER

Contractor Person Name Maha Tester
:
Contractor Company TECHLTD
Name :
Location of work : Block01/Level01/Unit01
Permit Validity From : 21-Nov-2025 02:40 AM
Permit Validity To : 22-Nov-2025 03:40 AM

Description: **check all**

PART 1 a: PTW APPLICANT DECLARATION

I ensure that necessary safety precautions are taken and in place for above mentioned work activity at all time during the validity period of the permit. By

I must inform Project Manager/ Authorized Manager immediately if there is any incompatible work carried out nearby or significant changes in the work process or work environment. I shall also display a copy of the approved PTW at the work location.

PART 1 b: DECLARATION BY SUPERVISOR / ENGINEER

I ensure that PART 1a is compiled and also ensure that all the necessary safety precautions are taken relating to the activity. By

PART 2: EVALUATION AND ASSESSMENT OF HSE COMPLIANCE - BY SAFETY COORDINATOR / SAFETY OFFICER / ECO

I have inspected & assessed the location and its surroundings together with the permit requester and ensured that all reasonable, practicable measures have been taken. By

The said location is safe for the intended work. I have informed the contractor that a stop work order will be implemented immediately should any of the conditions are changed.

- The safety measures/provisions are in order
- A copy of the permit is to be filed for record

I am satisfied with my inspection/assessment as per the approved control measures, so that work can be carried out safely and there is no incompatible activities from my point of view. By

I am satisfied that there has been a proper evaluation of the risks involved, that there will be no incompatible work running concurrently in the vicinity which may pose a risk to personnel. All reasonable and practicable measures are taken to ensure the safety, health of personnel during the intended activity.

By

The permit to work is :**The Reason for rejection :****PART 3b: REVOCATION AFTER APPROVAL - BY PROJECT MANAGER / PROJECT DIRECTOR / AUTHORISED MANAGER (if required)**

I have determined that the permit should be revoked for the following reasons

By

PART 4: NOTIFICATION OF COMPLETION OF WORK BY CONTRACTOR PTW APPLICANT

Work completed & housekeeping has been carried out

By

PART 5: CLOSING OF PTW BY PROJECT MANAGER / PROJECT DIRECTOR / AUTHORISED MANAGER

By

Personal involved in this activity

S.No	Name of Employee	NRIC/FIN/WPNO	Designation	Company	Signature
					e

I declare that the above personnel were briefed with approved RA & SWP

Total number of personnel

Acknowledged & Confirmed By Contractor applicant

By

SITE PLAN



CREATOR COMMENTS

OTHER COMMENTS

CHECKLIST COMMENTS

CLOSING COMMENTS

ATTACHMENTS

CHECKLIST ATTACHMENTS

CLOSING DOCUMENTS