



ELECTRICAL WORK PERMIT

THIS COPY MUST BE DISPLAYED AT WORK SITE

PERMIT VALIDITY: This Permit is valid for 7 A.M. TO 6 P.M. only. The validity of permit must be extended if Electrical work is allowed to be continued after it is expired time.

1. PERMIT APPLICATION (PERFORMING AUTHORITY)	
Associated general work permit No: _____ Location of Electrical work: _____	
Equipment to work on (LOTO Tag No.) _____ Circuit Voltage: _____	
Type of Electrical Work: <input type="checkbox"/> Electrical Related Hot Work <input type="checkbox"/> Electrical Proximity Work <input type="checkbox"/> Electrical Hazardous Work	
Brief Description of Work: _____	
Expected Period of Work: (Date) _____ From _____ (hrs) To _____ (hrs)	
Associated Permit(s): <input type="checkbox"/> General Permit(S/No. _____) <input type="checkbox"/> Excavation Permit (S/No. _____)	
<input type="checkbox"/> Other _____ <input type="checkbox"/> Hot work permit	
GENERAL SAFETY CHECKS	
<input type="checkbox"/> The equipment to be worked on has been de-energized <input type="checkbox"/> Equipment to be worked on has been grounded	
<input type="checkbox"/> Qualified and/or authorized Electrical Workers <input type="checkbox"/> All necessary personal protective equipment has been provided	
1. _____ <input type="checkbox"/> Standby person is provided	
2. _____ <input type="checkbox"/> Other _____	
3. _____	
<input type="checkbox"/> Number of Contract employees working _____	
<input type="checkbox"/> Written procedure is available for the job _____	
I certify that the above have been checked and found satisfactory.	
Name: _____ Sign: _____ Date: _____ Time: _____	
2. PERMIT APPROVAL (APPROVING AUTHORITY – ONLY AUTHORISED PERSONS TO BE APPROVED) *	
GENERAL SAFETY CHECKS	
<input type="checkbox"/> The Equipment Tag no. is correct <input type="checkbox"/> Potential hazards of the electrical work have been explained	
<input type="checkbox"/> All other necessary permits have been issued <input type="checkbox"/> The proposed electrical work and safety precautions have	
<input type="checkbox"/> Special PPE required: _____ been agreed upon _____	
Affected Area _____	
Name & Designation of HOD _____ Sign _____ Date _____ Time _____ AM	
<input type="checkbox"/> Other safety requirements _____	

PERMIT APPROVAL & CERTIFICATION	
I certify that all necessary measures have been taken to ensure the electrical work is carried out safely subject to fulfillment of the permit conditions and requirements, and the permit is hereby issued on _____ (Date) at _____ (Time).	
Name of Safety officer / Manager: _____ Sign: _____ Date: _____ Time: _____	
3. CONFIRMATION & ACCEPTANCE (3-PARTY CONFIRMATION)	
We confirm our understanding and acceptance of the scope of work, thorough job instructions and safety requirements of the electrical work.	
CONTRACTOR	
Name: _____ Individual & Company Name: _____	
Sign: _____	
4. WORK COMPLETED (PERFORMANCE AUTHORITY)	
<input type="checkbox"/> Electrical work *completed/suspended on _____ at _____ hrs	
<input type="checkbox"/> Electrical work will resume on _____ at _____ hrs	
<input type="checkbox"/> Work site has been cleared	
6. PERMIT EXTENSION (APPROVING AUTHORITY)	
<input type="checkbox"/> The work site has been re-surveyed and permit conditions have not changed	
<input type="checkbox"/> The extension of permit is granted from _____ to _____	
Name: _____ Sign: _____ Name: _____ Sign: _____	
Date: _____ Time: _____ Date: _____ Time: _____	
5. PERMIT CANCELLATION (APPROVING AUTHORITY)	
<input type="checkbox"/> Permit canceled on violation of permit conditions & safety requirements	
<input type="checkbox"/> Permit canceled on plant emergency	
Name: _____ Sign: _____ Date: _____ Time: _____	
*Approving Authority: Electrical team member and safety team member	

; Tick where applicable

* Delete where necessary

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(01 Nov.2022)

3 BOOK TOP SIDE PERFORATION 70 gsm white + Green
100+100 Sr No. 01 to 300