



Putrajaya Management Sdn.Bhd (PMSB)
Tel: 03-6208 4998/4989 (PMSB Helpdesk)
Tel: 03-6208 4990 (PMSB Control Room)

MENARA MITI
PERMIT TO WORK (PTW) FORM

AHPTW-02

PTW No. _____

IHPTW No. _____

(For In House-Contractor Only)

TYPE OF PERMIT: ☐ To attend to Work Order / Planned Preventive Maintenance / Periodic
☐ To attend to Defects List / Rectification (during Defects Liability Period)
☐ Renovation
☐ Other/s(please specify)

Requisition Details

Work Location / level _____

Work Description _____

Date of Commencement _____

Time of Commencement From: _____ am/pm
Until: _____ am/pm

Extension Work (Ad-Hoc Contractor Only) ☐ Yes ☐ No

Applicant's Name

(Person in-charge / Supervisor)

Company Name _____

NRIC No. _____

Hand Phone No _____

Signature _____

Assignee Details (Person Authorizing the Work)

Name _____

Position _____

Company/Organization _____

Department & Level _____

Hand Phone No. _____

Signature _____

Event Details at Dewan Perdana / Seminar Room 1 / Seminar Room 2

Event Title : _____

Organizer / Company: _____

Date of Event: _____

Preparation (Date/Duration): _____

Approval from MITI Administration (Bahagian Khidmat Pengurusan)

Name _____

Position _____

Signature _____

APPROVED ☐ NOT APPROVED ☐

Declaration before Start Work

I accepted that I have received the approved PTW for my concern & will only allow the contractor with valid work pass to access the area.

Name : _____

Signature : _____

Date : _____

Time : _____ am/pm

Please tick whichever is applicable:-

☐ **LOADING NO. 1**
(Menara MITI)

☐ **LOADING NO. 2**
(Dewan Perdana)

Name : _____

Signature : _____

Date : _____

Time : _____ am/pm

Declaration after Finish Work

I accepted that I have received the approved PTW for my concern & will only allow the contractor with valid work pass to access the area.

Please ✓ related Personal Protective Equipment (PPE) required, hazard/hazardous activity involved & work site preparation/precautions needed during the works.

Hazard / hazardous Activity

☐ Gas & Fume
☐ Chemicals
☐ Flammable Materials
☐ Working at Height
☐ Dust Powder
☐ Welding
☐ Air Compress Tools
☐ Noisy Work
☐ Lifting
☐ Wiring

☐ Electricity
☐ Scaffolding
☐ Gondola
☐ Bosum Chair
☐ Cherry Picker
☐ Crane/Skylift
☐ Flame Cutting
☐ Drilling
☐ Grinding
☐ Hot Work -Food Preparation

☐ Hydro-jetting
☐ Rotating equipment
☐ Confined Space Entry
☐ Burning
☐ Battery Operated/Electrical Tools
☐ Hand Tools only
☐ Generator/Compressor
☐ Falling
☐ Others(Please Specify)

Worksite Preparation/Precaution

☐ Equipment Isolation
☐ Valves Isolation
☐ Log-Out Tag-Out
☐ Warning Sign & Barricade
☐ Blower Extractor
☐ Overhead Lines
Traffic Area
☐ Vest

Event/Catering

☐ Request Disable Fire Protection
☐ Floor Protection

☐ Cable Crossing Protection
☐ Portable ELCB

☐ Others (Please Specify)

Personal Protective Equipment (PPE)

☐ Safety Helmet
☐ Safety Shoes
☐ Fall Arrest Equipment
☐ Full Body Harness
☐ Safety Glasses/Goggles
☐ Overhead Lines
☐ Welding Mask

☐ Dust Mask
☐ Half Mask Respirator
☐ Earmuff/Earplug
☐ Coverall
☐ Cotton Glove
☐ Leather Glove
☐ Rubber Glove

☐ Hot Work Permit
☐ Permit to Disable Fire Protection/FAS
☐ Entry to Confined Space Certificate
☐ Scaffolding Inspector Certificate
☐ Chemical/Material Safety Data Sheet
☐ PMA/PMT
☐ Welding Face Shield

☐ Charge-man/Wire-man Certificate
☐ Abseiler Competence Certificate
☐ Catering Procedure Checklist
☐ Event Procedure Checklist
☐ Gondola/Cherry Picker/Crane
☐ Skylift Operator Certificate
☐ SCBA/Airline

Declaration before Start Work (Contractor Executive,HSE Supervisor or Representative)

I have personally check the area and equipment to be worked on and is satisfy that the work requested can be carried out safely.

Name _____

Signature _____

Date _____

Time _____ am/pm

Name(HSE Rep) _____

Signature _____

Date _____

Time _____ am/pm

Declaration before Start Work (PMSB Executives or Representative)

I have personally checked the content of this PTW with the Executive by Trade.

Name _____

Signature _____

Date _____

Time _____ am/pm

Name (HSE executive) _____

Signature _____

Date _____

Time _____ am/pm

PMSB Technician Details

1) Name _____ H/Phone _____

Trade _____

2) Name _____ H/Phone _____

Trade _____

Date _____ Time In _____ am/pm

Date _____ Time Out _____ am/pm

CERTIFICATION OF WORK COMPLETION

Handback (PMSB Supervisor)

I have personally supervising the area work & check the completion of the work & ensure that working area is leave clean & safe.

Name: _____ Signature: _____

Date: _____ Time : _____ am/pm

☐ Work Completed ☐ Incomplete Hand Back

Reason : _____

APPLICANT

MITI SECURITY

HSE REQUIREMENT

PMSB

WORKERS LIST NAME

[illegible]