	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 Date _____ PTW No _____
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TYPE OF PERMIT:
 ☐ **High Risk/Non-Routine Work**
 ☐ **Event/Catering**
 ☐ **Other/s** _____ (eg: Site Visit)

1.Requisition

Applicant Name / NRIC (PIC/Supervisor) : _____ / _____	Work Description : _____
Company : _____	Work Location/Level : _____
Contact No : _____	Date of Commencement : _____
Signature : _____	Time of Commencement : _____
Date : _____	

Event details at Dewan Perdana/Seminar Room 1/Seminar Room

2/Adjacent Space

Event Title : _____
 Date of Event : _____
 Organizer Name : _____
 Position : _____
 Division/Unit/Others : _____
 Signature : _____
 Date : _____

Approval from MITI Administration (Bahagian Khidmat Pengurusan)

Name : _____
 Position : _____
 Date/ Time : _____
 Signature : _____

☐ **Dewan Perdana**
☐ **Seminar Room 1**
☐ **Seminar Room 2**
☐ **Adjacent Spaces**

☐ **APPROVE** ☐ **NOT APPROVE**

2. Hazard / Hazardous Activities

<input type="checkbox"/> Gas & Fume <input type="checkbox"/> Chemicals <input type="checkbox"/> Flammable Materials <input type="checkbox"/> Working at Height <input type="checkbox"/> Dust Powder <input type="checkbox"/> Welding <input type="checkbox"/> Air Compress Tools <input type="checkbox"/> Noisy Work <input type="checkbox"/> Lifting <input type="checkbox"/> Wiring	<input type="checkbox"/> Electricity <input type="checkbox"/> Scaffolding <input type="checkbox"/> Gondola <input type="checkbox"/> Bosun Chair <input type="checkbox"/> Cherry Picker <input type="checkbox"/> Crane/Skylift <input type="checkbox"/> Flame Cutting <input type="checkbox"/> Drilling <input type="checkbox"/> Grinding <input type="checkbox"/> Food Preparation	<input type="checkbox"/> Hydro-jetting <input type="checkbox"/> Rotating equipment <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Burning <input type="checkbox"/> Battery Operated/Electrical Tools <input type="checkbox"/> Hand Tools only <input type="checkbox"/> Generator/Compressor <input type="checkbox"/> Falling <input type="checkbox"/> Others (Please Specify)
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3. Worksite Preparation

☐ Equipment Isolation
☐ Valves Isolation
☐ Log-Out Tag-Out
☐ Warning Sign & Barricade
☐ Blower Extractor
☐ Overhead Lines
☐ Floor Protection
☐ Cable Crossing Protection
☐ Request Disable Fire Protection
☐ Portable ELCB
☐ Others (Please Specify)

4. Personal Protective Equipment

<input type="checkbox"/> Safety Helmet <input type="checkbox"/> Safety shoes <input type="checkbox"/> Fall arrest equipment <input type="checkbox"/> Full body harness <input type="checkbox"/> Safety glasses/goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Dust mask	<input type="checkbox"/> Half mask respirator <input type="checkbox"/> Earmuff/earplug <input type="checkbox"/> Coverall <input type="checkbox"/> Cotton glove <input type="checkbox"/> Leather glove <input type="checkbox"/> Rubber glove <input type="checkbox"/> Others (please specify)
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5. supporting documents

<input type="checkbox"/> Hot work permit <input type="checkbox"/> Permit to disable FPS/FAS <input type="checkbox"/> Entry to confined space /SCBA <input type="checkbox"/> Scaffolding inspector certificate <input type="checkbox"/> Safety data sheet <input type="checkbox"/> PMA/PMT	<input type="checkbox"/> Chargeman/wireman certificate <input type="checkbox"/> Abseiler competence certificate <input type="checkbox"/> Catering procedure checklist <input type="checkbox"/> Event procedure checklist <input type="checkbox"/> Gondola/cherry picker/crane <input type="checkbox"/> Crane operator certificate <input type="checkbox"/> Others (please specify)
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6. Declaration before Start Work (PMSB Executive by Trade)

I had personally checked and brief requestor the area and equipment to be worked on and satisfied that the work requested can be carried out safely.

Signature _____ Date _____
 Name _____ Time _____

Declaration before Start Work (PMSB HSE Executive or Supervisor)

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

Signature _____ Date _____
 Name _____ Time _____

Declaration before Start Work (PMSB)

I had personally checked the content of this PTW with the Executive by Trade and HSE PMSB.

Signature _____ Date _____
 Name _____ Time _____

PMSB Representative On-Site

I had fully understood and being brief by PMSB Team on the content of this PTW and will report PMSB Team for any unsafe act and unsafe condition activities at site.

Signature _____ Name _____ Date _____
 Time _____ Contact Number _____

Issuance PTW before work Start (MITI Security)

I accepted that I had received the approved PTW for my concern.

Signature _____ Name _____ Time _____

Date _____

☐ **Loading Dock 1 Menara MITI** ☐ **Loading Dock 2 Dewan Perdana**

7. CERTIFICATION OF WORK COMPLETION – Hand-back (Applicant)

I had personally supervised the area work & check the competition of the work & ensure the working area was cleaned and safe.

Signature _____ Name _____
 Date _____ Time _____

8. PMSB Representative On-Site

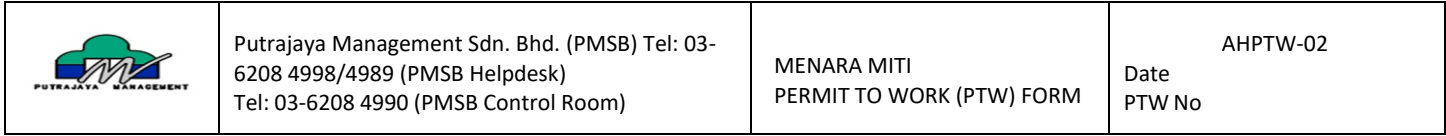
I had personally checked the working area was cleaned and safe.


Signature _____ Name _____
 Date _____ Time _____


9. Returned of pass after Finish Work


PMSB
I accepted that I have received the completion PTW for my concern.


Signature _____ Name _____
 _____ Date _____
 Time _____



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