



BAGMANE

Bagmane Developers Pvt. Ltd.

Integrated Management System

Confined Space Work Permit

Document Number: BDPL OCP 03 F-05

Revision Date: January 16, 2024

Rev. No.: 03

Building Name	Permit No.	JSA No.	TBT No.	Permit Validity		
				Date:	From (hrs):	To (hrs):
Job Location:			Equipment/System:			
Description of work to be carried out:					Reference of other Work Permit Nos. & Type:	
Tools / Machines Used:						
Vendor Details				Entrant Details		
Company Name:				Name	Contact No.	Name
Contact Name:						
Contact Number:		No. of Workers:				
LOTOTO Details				Buddy / Supervisor Details		
No.:	Applied by Name & Sign:					Buddy has to communicate continuously with person working in confined space to ensure their safety.
Time:						
Bagmane Emergency Contact Details (Name & No.):						
Hazards involved and precautions taken in the course of work						
Electrical Shock / Power cables at vicinity		Falling objects	Trip, Slip & Fall	Awkward Posture		
Moving/ Rotating Parts		Dangerous gases / Toxic Fumes	Manual Handling	Chemical contact		
Protruding Sharp objects		Damaged access equipment	Vibration & Noise	Extreme Temperatures		
Presence of Water and Risk of Drowning		Substance entering through piping	Combustible/ Flammable materials			
Chances of giddiness/ unconsciousness		Lack of ventilation / oxygen depletion	Conflicting simultaneous activities			
Others, if any:						
PPE's Required	Safety Helmet	Safety Goggles	Ear Muff/Ear Plugs	Safety Face Shield	Safety Hand Gloves	
	Masks	Cartridge Masks	Gum Boots	Safety aprons/ Overalls	Flame Proof Torch	
	Safety Shoes	Full body Harness	Others:			
Precautions to be taken	HIRA/JSA	Fire extinguisher	Isolation of place	Safety Signages	Medical checkup	
	Claustrophobia test	Work adjacent to normal work area		Test certificates of full body harness and ropes		
	Ventilation	Equipment Inspection	Lighting	Others, If any:		
Lighting (<=24 V DC)		O2 Level (19.5% - 21.5%)	LEL Level (<10%)		H2S (<10ppm)	
Approvals (Signature)						
Issuer:	Receiver:	Security Incharge:	EHS Representative:	Work Monitored by:	Authorized by:	
Special Approvals (Signature) (In case of extension / Off Duty hours)						
Approved by:		Reason:		Extended Validity:		
				Date:	Time (From):	Time (To):
(The contents in the work permit is explained & understood by receiver & the same is acknowledged)						
Delegation of Roles & Responsibilities	Work Monitoring:			Authorization:		
Work Inspection Details	Checked By Name					
	Time:					
	Sign:					
Permit Closure						
Work completed:	LOTO Removed	Incident/Accidents	Work Area cleared		Permit Cancelled	
LOTO Removed Details	No.:	Removed by (Sign):			Remarks:	
Permit Cancelled by:	Reason for Cancellation:					
Activity Completed Date & Time:		Permit Returned By:			Permit Closed by:	
NOTE-1: In case of emergency, extreme weather or non-adherence to requirement, work permit will be cancelled by Issuer/ Authorized Person. NOTE-2: Please ensure all Signatures are with Name, Date & Time. NOTE-3: Y-Yes, N-No, NA-Not Applicable.						