



BAGMANE

Bagmane Developers Pvt. Ltd.
Integrated Management System
Lifting and Hoisting Work Permit

Document Number: BDPL OCP 03 F-07

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				Worker Details		
Company Name:				Name	Contact No.	Name
Contact Name:						
Contact Number:		No. of Workers:				
LOTOTO Details						
No.:	Applied by Name & Sign:					
Time:						
Bagmane Emergency Contact Details (Name & No.):						
Hazards involved and precautions taken in the course of work						
Damaged access equipment		Damaged Tools & Tackles		Trip, Slip & Fall	Awkward Posture	
Fragile/Sloppy Work Platform		Excess Dust & Fumes		Manual Handling	Falling objects	
Safety Systems bypassed or disabled		Protruding Sharp objects		Vibration & Noise	Moving Machinery	
Extreme weather conditions		Electrical Shock / Power cables at vicinity		Conflicting simultaneous activities		
Others, if any:						
PPE's Required	Safety Helmet	Safety Goggles	Ear Muff/Ear Plugs	Safety Face Shield	Safety Hand Gloves	
	Masks	Safety Shoes	Full body Harness	Fall Arrestors	Others:	
Precautions to be taken	Operator & Rigger License		Isolation		Safety Signages	HIRA/JSA
	Adjacent Work Areas		Equipment inspection		Lifting Equipment Checklist	
Certificates	Lifting tools & tackles		Full body harness	Others, If any:		
Approvals (Signature)						
Issuer:	Receiver:	Security Incharge:		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. **NOTE-4:** This permit is applicable for all lifting & hoisting works which is carried using crane, fork lifts & other lifting equipments.