



BAGMANE

Bagmane Developers Pvt. Ltd.

Integrated Management System

Excavation Work Permit

Document Number: BDPL OCP 03 F-06

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 No.
Contact Name:						
Contact Number:		No. of Workers:				
LOTO Details						
No.:	Applied by Name & Sign:					
Time:						
Bagmane Emergency Contact Details (Name & No.):						
Hazards involved and precautions taken in the course of work						
Electrical Shock / Power cables at vicinity		Excess Dust & Fumes		Trip, Slip & Fall		Awkward Posture
Fragile/Sloppy Work Platform		Excavation collapsing		Manual Handling		Confined working area
Protruding Sharp objects		Damaged access equipment		Vibration & Noise		Cave-In Hazard
Extreme weather conditions		Safety Systems bypassed or disabled		Falling objects		Dangerous gases
Combustible/ Flammable materials		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	Safety Shoes	Full body Harness	Safety Aprons	Others:	
Precautions to be taken	Test certificate of Full body harness		Isolation of place	Safety Signage	Medical checkup	
	Check location & utilities for any means of raising alarm adjacent to normal work area				Fire extinguisher	
	HIRA/JSA	Equipment Inspection	Clearance from all other departments		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 for all below ground works more than 1.5 meters.