** GENERAL WORK PERMIT**

Issue of this work permit to contractor shall not make the company liable for compensation. Work permit is only a check to follow minimum requirements. Any change in conditions specified will make the permit valid.

Dept: GWP No.:

Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Working: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Work Permit: From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_ (Valid up to 5 pm only).

If work carried out more than one day, before starting the work, responsible person get signature from EHS staff in below Renewal chart.

Location of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Work Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Tools / Equipment / chemical Used: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Precaution Taken:**

**YES**

**NO**

1. Is Personal Protective Equipment used?

**YES**

**NO**

1. Is Surrounding area , equipments, lines, protected / covered

**YES**

**NO**

1. Are equipment / electrical cable in good condition?

**YES**

**NO**

1. Is Cable routing properly

**YES**

**NO**

1. Is Work area barricaded?

**YES**

**NO**

1. Supervisor is available near the work spot all the time.

**YES**

**NO**

1. Any other precaution taken? (if Yes please specify)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Permit Issued to:**

1. Name of the Incharge : Mobile No:
2. Name of the supervisor : Mobile No:
3. Name of the vendor : No Person involved: ------------------------

All Safety Precaution will be followed as per above instructions:

Contract / Supervisor Name : Signature: Mobile No:

All Safety precautions are ensured by ;

|  |  |  |
| --- | --- | --- |
| **Sign :** | **Sign :** | **Sign :** |
| **Name:** | **Name:** | **Name:** |
| **Work Incharge** | **Dept. HOD** | **EHS - Staff** |

**In case of Emergency please call: In-charge/Supervisor**  **P.T.O**

**Note: Permit should be displayed in work spot area.**

**WORK PERMIT RENEWAL CHART**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Date** | **Time from** | **Time to** | **Responsible**  **Person Signature** | **EHS Staff**  **Signature** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

**GENERAL SAFETY INSTRUCTIONS**

* **BEFORE STARTING WORK**

1. Please familiarize yourself with the contents of this work permit.
2. Please observe safety notices and instructions at all times when in facility.
3. Ground all electrically operated equipment (Stationary and Portable).
4. Wear appropriate personal protective equipment.

* **DURING WORK**

1. Keep the permit with you at all times to be able to produce to authorized persons on demand.
2. Report all injuries & near miss to your In charge /Supervisor immediately.
3. Maximum permit duration is 8 hours. If exceed time, should get permission from EHS & Utility Dept.
4. Permit is valid for the area and scope of work as indicated and must not be extended to other nearby area by default.

* **AFTER WORK**

1. Hand back the safety permit to the EHS Department.
2. Please ensure that the house keeping is done after the job is completed, ensure tidiness of the workplace at all times.

**Return back by:**

After completion of work, permit copy returned to EHS Person. Work completion Date/Time:

|  |  |
| --- | --- |
| **Sign :** | **Sign :** |
| **Name:** | **Name:** |
| **Hand back by** | **Received by** |