



Your Company Name (B) Ltd - Location
Permit No : #EL7



Department : ELECTRICAL & INST	Section : AFR	Start Date : 29-07-2024 08:26 HRS	End Date : 29-07-2024 20:26 HRS	Contractor: ARAVINTH CONSTRUCTION	
A) To be filled by Permit Initiator :			Initiator Name & Signature : T.GOPINATH 29-07-2024 08:27 HRS		
<input checked="" type="checkbox"/> Confined Space	<input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Excavation	<input checked="" type="checkbox"/> Execution & Dismantling	<input checked="" type="checkbox"/> General Work	<input checked="" type="checkbox"/> Hot Work
<input checked="" type="checkbox"/> LOTOTO	<input checked="" type="checkbox"/> Material Lowering & Lifting	<input checked="" type="checkbox"/> Scaffolding	<input checked="" type="checkbox"/> UT Pump	<input checked="" type="checkbox"/> Work At Height	
Work Description : DD			Location : DD		
Checkpoints for Permit Initiator			Sub Contractor:		No of Workers: 123
<input checked="" type="checkbox"/> WPRA to be filled before starting the job at site	<input checked="" type="checkbox"/> PPEs and Tools are provided as per job requirement		<input checked="" type="checkbox"/> UH approval to be taken for taking hot work in Prohibited area		<input checked="" type="checkbox"/> TH approval to be taken for taking height work in Prohibited area
B) Issuer: I have checked that all conditions are met to carry out the job safety.			Name of the Issuer: A.KUMARAN Sign: 29-07-2024 08:27 HRS		
C) To be filled by Permit Initiator and checked by issuer			D) To be filled by authorized isolator who is carrying out isolations		
Eq. Tag No	Isolation Type	PA LOCK & TAG No	LOCK No	Isolator Name & Sign Date	Sign Date
21N-AF1	ELECTRICAL ENERGY	12 & 333	123	T.GOPINATH	30-07-2024 06:02 HRS
E) To be filled & ensure by issuer					
<input checked="" type="checkbox"/> Are all required equipments identified and stopped?		I have ensure that all isolation mentioned in clause no C&D are completed clearance is given to start the job Name of the Issuer : A.IQBAL Date & Time: HRS			
<input checked="" type="checkbox"/> Are precedings & followings equipment also stopped?					
<input checked="" type="checkbox"/> Is try out done as per LOTO matrix from CCR?					
<input checked="" type="checkbox"/> Are all equipments emptied out/material removed?					
F) To be filled & ensured by Initiator <input checked="" type="checkbox"/> Are all required equipments identified and stopped? Name & sign of Initiator: Date&Time :		G) I am briefed & understood all potential hazard involved in that activity Name & sign of Co-permittee : Date&Time :			

PRECAUTIONS TAKEN AND EQUIPMENT PROVIDED TO PROTECT PERSONNEL FROM ACCIDENT OR INJURY.

Mandatory measures to be taken for all type of works:

<input checked="" type="checkbox"/> Required usages of PPEs (Safety Helmet, Safety Shoes)	<input checked="" type="checkbox"/> Enclose the list of persons carried out the job.	<input checked="" type="checkbox"/> Five Minutes Safety Talk conducted (record to be maintained)	<input checked="" type="checkbox"/> Equipment/work area inspected.
<input checked="" type="checkbox"/> Equipment electrically isolated. If YES, line clearance Permit No:	<input checked="" type="checkbox"/> Portable Fire Fighting system readiness.	<input checked="" type="checkbox"/> Tools & Tackles Checked	<input checked="" type="checkbox"/> The place of work is made accessible and proper aggress.
<input checked="" type="checkbox"/> Barricading and cordoning of the area.	<input checked="" type="checkbox"/> Loose dresses are to be avoided or tight properly while working near conveyors or rotating equipment's.	<input checked="" type="checkbox"/> Sufficient safe lighting facility provided.	
<input checked="" type="checkbox"/> Deputed Skilled Supervisor		Additional Info(If any):	
<input checked="" type="checkbox"/> Safety shoes & Helmet, Eye protection <input checked="" type="checkbox"/> Leather Hand gloves <input checked="" type="checkbox"/> Leather Apron <input checked="" type="checkbox"/> Hand Sleeves <input checked="" type="checkbox"/> Leg Guard <input checked="" type="checkbox"/> Welding Goggles for Helper <input checked="" type="checkbox"/> Nose Mask			



Company logo
HERE

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I) Closure of permit to work (1st copy of Permit must be routed during permit closure)

1 The job is completed, all men & material removed from site. Safe to remove isolations as stated clause-A&C.	Permit Initiator Name & Sign Date:
2 Please remove isolations as stated clause-A&C.	Issuer Name & Sign Date:
3 I have removed all isolation as listed clause-A&C and all isolations as per clause-A&C are restored. Equipment ready to start.	Isolator Name & Sign Date:

Work Completion

PA Work Cancellation

Work Cancellation, all persons are withdrawn and material removed from the area

Performing Authority:

IA Work Cancellation

I have inspected the work area and declare the work for which the permit was issued has been properly.

Issuing Authority: