 Electrical Work Permit 

Sl.No: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Equipment name & Code No: Exact location

Description of work to be done:

Permit issued at \_\_\_\_\_\_\_\_Hrs permit valid up to: Hrs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Precautions** | **Yes / NA** | **Sl.No** | **Precautions** | **Yes / NA** |
| 1  2  3  4  5  6  7 | Power isolated by switching off BREAKER / SWITCH  Concerned FUSES removed.  Possible STAND BY POWER supply disconnected  Danger boards and /or Safety Tags displayed / System Locked out  Line / Equipment disconnected  Equipment earthed  Line / Area barricaded/Rubber mats provided |  | 8  9  10  11 | Capacitors discharged  Personal Protective provided  a. Electrical hand gloves  b. Safety helmet  c. Safety shoes.  Name of trained employees / contract workmen. |  |

We have personally checked and satisfied ourselves that, the above particulars are correct and it is safe to do the work.

Date: Time: Hrs. Name & Signature of the Site In charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Time: Hrs. Name & Signature of the Mechanical Engineer: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Time: Hrs. Name & Signature of the Safety In charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_