 **Height 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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S No | Precautions | Yes / NA | S No | Precautions | Yes / NA |
| 1    2    3    4 | Are the personnel wearing Safety helmets and the chin straps are tied?  Are workers using safety belt and the condition of safety belt good?  Is the platform /Scaffolding/ Structure rigid and can withstand the weight of the personnel and the equipment to be carried to perform the given task?  Is the work area clear and safe from overhead electrical lines / any other hazardous lines? |  | 5      6  7  8 | Is the executing area barricaded & caution board is displayed?  Is ladder extends to 3 rungs or 1 mt above the place of landing to which it provides access?  Is the work place free from oily and slippery condition?  Any other Safety precautions required  1) |  |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_