



HINDUSTAN ZINC  
Zinc & Silver of India

## Sustainability Framework

### SAFETY STANDARD

# Standard Procedure for Permit to Work



Hindustan Zinc Limited





Corporate Standard Rules & Procedure Sub-committee	Date	31-07-2025
	Standard Document No	HZL/SRPSC/05
<b>Standard Procedure for Permit to Work</b>	Revision No	4
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### Abbreviations:

SBU Head	Department head
Area In-charge	Area In-charge
SI	Shift in Charge
SOP	Standard Operating Procedure
SMP	Standard Maintenance Procedure
SWP	Standard Working Procedure
SHE	Safety, Health & Environment
HT	High Tension
LT	Low Tension
EHS	Environment, Health & Safety
LOTO	Lock Out Tag Out
AVI	Avoid Verbal Instruction
CSC	Corporate Safety Council
UIC	Unit Implementation Committee
HIRA	Hazard Identification and Risk Assessment
JSA	Job Hazard Analysis
CSE	Confined Safety Entry
PPE	Personnel Protective Equipment
HZL	Hindustan Zinc Limited



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## 1. Introduction

It is HZL policy to protect every individual and property on site by means of a permit-to-work system in conjunction with standard operating procedures, standard work procedures, and standard Maintenance procedures. All work which is under the control of the permit-to-work system shall be carried out strictly in accordance with the requirements and conditions, though they are not necessarily exhaustive, of specific work permits. Work permit system is integrated around facility ownership concept. The facility owner is a custodian of equipment and facilities and all work in that functional area should have authorization of the custodian.

## 2. Scope and field of application

- This standard describes the procedure for following permit to work system across HZL operations.
- A permit to work is an essential part of Safety Management which provides a carefully planned system of procedure involving safety checks and authorizations prior to carrying out actual work. It is **cautioned** that permit-to-work is NOT permission to carry out a dangerous job.
- The '**Permit-To-Work**' system will in principle cover all on-site routine and non-routine work which may **create potential hazards**.
- Permit to work shall be applicable to all works carried out by Company Employee, Vendors, and Contractors employees across HZL operations inside entire HZL business including manufacturing unit premises, mines, power plants, office building, colony, contractor's worksite and other activities incidentally connected with HZL.
- Routine nature of work where hazards are known and are mitigated through SOP, SWP generally will not come under the preview of PTW
- All activities should follow Permit to Work procedure unless and otherwise it is stated and approved by apex committee under exception list (*Each Unit shall prepare exception list get it approved from Zone Apex committee*). Exception procedure has been stated in clause no 6.8. all units should follow the same procure as stated and maintain record of exception list in standard format provided in clause 6.8
- The permit-to-work system should not be regarded as a way of avoiding the need to eliminate hazards and reduce risks.
- The issue of work permits does not, by itself, make a job safe or guarantee safety. The conditions and safety precautions stipulated in a work permit normally address those foreseeable risks or hazards and they are by no means exhaustive. Safety can only be achieved by those preparing for the work and those carrying out work in accordance with the work procedure, methods, use of right tools, and use the right judgment for which they have been trained and made responsible.

## 3. References

- HZL Work Permit System
- HIRA / JSA Standard
- HZL Excavation Standard
- HZL Confined Space Entry Standard
- HZL Working At Height Standard



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- HZL EHS Policy and Principles
- Best practices on Radiation Standard
- HZL Sustainability Guidance document GN07 on Risk Assessment.
- HZL Life Saving Rules
- IS: 5216 (part-1)- 1982

#### 4. Responsibilities

Zone Apex committee shall be responsible for implementation of permit to work system in respective unit. Permit to work system shall be implemented with the custodian concept. Custodian is generally a person responsible for operation of the area. Zone apex committee shall define areas and its custodians covering entire plant and facilities. Custodian shall be responsible for issuing the permit to work in their respective areas.

##### 4.1 The Zone apex committee shall ensure that the permit-to-work system is:

- Functioning and maintained in accordance with its objectives.
- Audited, reviewed & revised as per management systems.

##### 4.2 Line managers are responsible to ensure that:

- All their staff and contractors under their control understand the system.
- Adequate training and instructions are given to their staff and contractors.



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**Initiator shall be responsible to obtain permit for the job he is executing. He needs to take multiple permits for multiple work groups working on the same equipment.**

All individuals of the work group working within the site have the responsibility to

- Have a good understanding of the permit-to-work systems and they have to follow the SOP / SMP / SWP briefed to them before commencing the job.
- Ensure that they do not start work on any job requiring a work permit until one has been authorized and issued
- Follow all the precautions and safety measures stipulated in the permits and strictly comply with the requirements and procedures of the permit-to-work system;
- Workmen and Co-Permitee shall get advice immediately from initiator if they are in doubt or if any circumstances or change of conditions make the work area unsafe.
- They should not adopt any short cut or by-pass the procedure while performing the job.
- Whenever the scope of the work changes, it must be immediately intimated to the initiator for renewal of the work permit.

## 5. Definitions

### 5.1 Permits-To-Work System

Permit-to-work system is a formal written system used to control certain types of work which are potentially hazardous. It is also a means of communication among site personnel to ensure all necessary safety precautions are taken before commencing such work.

The permit to work is not a guarantee to secure safety for that the stipulated conditions mentioned in PTW should be implemented

The types of work permits are:

General Work Permit includes

- Cold work
- Hot work
- LOTO

#### **Cold work permit:**

It is first level permit issued for jobs of general nature not involving any special activities like Confined Space Entry, Working at Height, Excavation, Electrical Maintenance on HT / LT, Material Lowering and Lifting.

#### **Hot Work Permit:**

It is work permit issued for jobs involving activities which generates spark and flame. Welding, Gas





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cutting, grinding, chipping, and working on hot zones or areas are few activities which necessarily should have Hot work Permit. Hot work Check List must be filled before issuing the permit.

### **LOTO:**

LOTO is a part of general work permit, and isolations will be provided by isolation officer with proper entries in work permit. Isolations procedures are governed by LOTO standard

### **Special work permit**

- Confined Space Entry permit
- Working at Height And Scaffolding & Fragile Roof Permit
- Excavation permit
- Electrical Work Permit (HT/LT)
- Radiation work permit
- Material Lifting and shifting

### **Formats**

- DCE
- AVI

## **5.2 Custodian**

Custodian is any on-site company's senior employee (Diploma/Degree in respective discipline), who is designated by Zone Apex & passed the PTW test, and having minimum experience of 2 years, as owner facility, building, structure, or any equipment on-site within the functional area. Custodian is generally a person responsible for operation, Maintenance & Enabling function of the area. He will be accountable to ensure isolation of all hazardous energy sources to provide safe work environment to job executors along with verification of JSA

## **5.3 Issuer/ Issuing Authority**

Issuer means company (HZL & associated partners) employee designated by custodian with relevant job experience & authorized by Zone Apex, who will issue work permit for respective area. Issuer should be knowledgeable of the hazards and safety requirements for the equipment and process, and who is trained in Work Permit processes / procedure and shall be responsible to get physical isolation of all hazardous energy sources to provide safe work environment to initiator. *It is recommended that issuer should have 1 years work experience.*

*If Issuer is also authorized Isolator, then issuer can be Isolator for same work permit for his respective energies.*

## **5.4 Initiator/ Permit Requestor**

Initiator means any person (10<sup>th</sup>/12<sup>th</sup>/ITI/Diploma/Degree in respective discipline) having relevant job experience of one year in the field & is authorized by Zone Apex & passed the PTW Test, from the



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job executing agency. *If initiator is also authorized isolator than Initiator can be isolator for same work permit for respective energies of his relevant department*

### 5.5 Authorized Isolator / Isolation Officer

Authorized isolator means the person identified and authorized by zone apex . Authorized isolator shall be different for different discipline like Electrical, Instrumentation, Mechanical and process, pneumatic. It is recommended that Authorized isolator should have 3 years work experience in his functional area.

### 5.6 Co-permittee

Co-permittee means contractor supervisor or the group/crew leader of work group who is carrying out the job at site.

### 5.7 Odd- hour's custodian

Odd Hours Custodian mean the person identified and authorized by Zone apex committee who will issue work permit for respective area in Odd hours (apart from G shift). Odd Hour Custodian is generally a person responsible for operation of the area during shift hours. He will be accountable to ensure isolation of all hazardous energy sources to provide safe work environment to job executors. In odd hours custodian will sign on both the clauses related to custodian and issuer in permit. However he may approve/allow only General work permit to job executor during odd hours. In case of requirement of any additional supplementary permit, prime custodian signature is mandatory.

**Odd Hours of the Day: 18:00Hrs to 08:00Hrs (24Hrs Format) on working days and round the clock on PH Days.**

### 5.8 Hazardous energy sources

Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, nuclear radiation or any other energy that, if not controlled, could cause injury to personnel or damage to property and/or environment –

### Reference

- Vedanta / HZL LOTO Standard & Procedure.

## 6. Procedure:

### 6.1 General Work Permit (Cold & Hot)

- 6.1.1 Initiator will raise the General work permit in triplicate, by entering details in clause "A" of the work permit to take consent from custodian. He shall mention work description in detail, date, time ,duration and also mention the list of equipments along with description &



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Tag no's, which are to be isolated if required so.

**Triplicate colors are as mentioned below:**

**1st copy: Pink**

**2nd Copy: Green**

**3rd Copy: White**

- 6.1.2 Initiator will not start the job while permit is under approval, but can do the preparatory job till permit gets approved. The Initiator shall ensure that the persons engaged are thoroughly briefed about the relevant JSA/SOPs/SMPs/SWPs, outcome of Risk Assessment & its mitigation. He will also ensure that relevant PPEs are provided. He shall ensure and fill "Initiator's check List". He will sign the permit in Clause-A.
- 6.1.3 The custodian will check that all Hazardous energy sources which are to be isolated for providing safe work environment has been identified by initiator & are mentioned Clause A. If any additional isolations or Risk mitigation is required, Custodian shall identify it and mention in clause "B". He shall nominate an issuer and direct him to get positive isolation physically completed and to give clearance to start the job. He will sign the permit in clause-B
- 6.1.4 Issuer shall note isolations to be done including those have been identified by custodian and carry out isolation from respective authorized isolator. Authorized isolators shall carry out respective isolations as per LOTO standard and mentions equipment details, Equipment no and type of isolation made, LOTO Key no in respective column in clause "C" and shall mention his name and sign.
- 6.1.5 The Issuer shall ensure isolation of all Hazardous energy sources mentioned in clause A & B is completed by respective authorized isolators. He shall ensure Checks mentioned in clause "D" and mentions MLB LOTO key numbers of both issuer and initiator. He shall give clearance to start the work and sign the permit. Issuer shall hand over 1<sup>st</sup> and 2<sup>nd</sup> copy (Pink and Green) of permit to Initiator and shall retain 3<sup>rd</sup> copy in the permit book itself for record purpose. For the purpose of tracking permit issuance, issuer will maintain a record of permit tracking register. This is available in all control rooms. Ref Annexure: XII
- 6.1.6 Initiator shall note Clause "D", ensure and explain to the work group about initiator's check list hot work check list, and control measures stated in the permit clauses A, B, C & D for safe executing the job. Initiator together with the Co-permittee shall jointly inspect the site to confirm that all preparation work is completed and the permit conditions have been maintained on shop floor, tryout the LOTO where ever applicable for positive isolation, and he shall sign in clause "E" of the permit and obtain signature of co-permittee in clause "F" on the both 1<sup>st</sup> and 2<sup>nd</sup> copies of permit. Initiator hand over the 1<sup>st</sup> copy permit to the workgroup for display at job site. He will retain second copy at his office for record purpose



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during work under progress. Co-permittee signature is not required in 3<sup>rd</sup> copy of permit (white)

6.1.7 Dully signed work permit shall be displayed at site where work group is performing the job.

6.1.8 Initiator is responsible to maintain the status co for control measures stated in the permit during execution of work safely.

6.1.9 Co-permittee is equally responsible to maintain safely the status co for control measures stated in the permit during execution of work.

## 6.2 Special work permits

If any work that involves below mentioned activities

- Working at height, Fragile Roof and Scaffolding (For Scaffolding refer HZL/SRPSC/02)
- Confined Space Entry,
- Excavation related activities
- Electrical ( HT / LT) Jobs,
- Radiation work s
- Lifting and shifting of Material and Equipment's

then, additional respective special work permit need to be taken along with the General work permit.

No Special work permit shall be issued after G shift in normal condition, however if required it has to be approved

By concern unit / mine head or may refer site specific procedure of particular standard.

For special work permit, respective procedures shall be referred to.



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### 6.3 Closure of General Work Permit (Cold & Hot)

- 6.3.1 When the job is completed, the Initiator shall ensure that all men and material are removed from the site and ensure that all the guards removed for job execution are again fixed back and isolations made, can be restored. He shall obtain signature of the co-permittee and sign in clause "G" on the both the 1<sup>st</sup> and 2<sup>nd</sup> copy of the permit, He shall hand over the both Permit copies to Issuer to close the permit. Co-permittee signature not required on third copy.
- 6.3.2 The Issuer shall direct authorized isolators to carry out restoration of isolation as per clause "C" and sign in clause "H".
- 6.3.3 Respective authorized isolators shall carry out restoration of respective isolations as per clause "C" and shall mention respective equipment tag no on the permit and sign in clause "I"
- 6.3.4 Issuer shall ensure restoration of all isolation mentioned in clause "C" are completed and shall sign the permit in clause "J" and take the signature of initiation on Clause "K". He shall declare equipment ready to start and shall inform the custodian. Issuer shall handover Permit 1st copy to initiator and file 2nd copy in his 'completed work' file.
- 6.3.5 Initiator shall file the 1<sup>st</sup> copy of permit in his 'completed work' file as record till it is handed over to safety department for records.



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#### 6.4 AVI (Avoid Verbal Instructions) to temporarily energizing of equipment.

- 6.4.1 If any equipment is required to be temporarily energized, the **Initiator** will apply for AVI (Avoid Verbal Instruction) to Issuer. He shall ensure that all men and material are removed and it is safe to re-energize the equipment. He shall mention the Equipment description and Equipment no and sign the AVI.
- 6.4.2 **Initiator** shall attach 1<sup>st</sup> copy of permit along with the AVI. The AVI shall be valid only if respective permit is attached with it.
- 6.4.3 **Issuer** shall check 1<sup>st</sup> copy of permit along with signed AVI and directs respective Authorized isolator to carry out temporary re-energisation. He shall ensure that if more than one permit exists on the same equipment, he shall get AVI from all such Permit initiators and confirmation he should sign AVI and handover it to respective **Authorized Isolator**
- 6.4.4 **Respective Authorized Isolator** shall carry out re-energisation of the equipment and shall sign the AVI and handover it to **Initiator**. **Initiator duly attach the AVI with general permit, will display it at site during trial process.**
- 6.4.5 **Initiator** shall carry out necessary work with energized equipment. After completion of the work, to isolate the equipment again, He shall request **issuer** to isolate the equipment. He shall mention equipment tag no and sign the AVI after ensuring isolation of equipment. He shall ensure 1<sup>st</sup> copy of permit is attached with the AVI. The AVI shall be valid only if respective permit is attached with it.
- 6.4.6 **Issuer** shall ask respective **authorized isolator** to isolate the equipment again as mentioned in the Permit. He shall sign the AVI.
- 6.4.7 **Authorized Isolators** shall carry out the isolation as mentioned in AVI & Permit. He shall sign the AVI and handover the AVI & Permit to initiator.
- 6.4.8 Initiator shall note the isolation made and close the AVI and display the Permit at job site again and restart the work from all agencies, if any
- 6.4.9 AVI will be limited maximum till end of particular shift, however if works needs to be extended, new AVI has to be raised by initiator.



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## 6.5 Distribution of Permit

- 6.5.1 **During the work under Progress**, First copy (pink) of the work permit and any attached permit(s) shall be with co-permittee at job site and shall be duly displayed. 2<sup>nd</sup> Copy (green) shall be with initiator while work under progress
- 6.5.2 **After job completion and permit closure**, the second copy shall be with issuer department and file it in "completed work file". 1<sup>st</sup> copy (pink) shall be with initiator department and file it in his "completed work file"
- 6.5.3 During and after completion of work, 3<sup>rd</sup> copy of the permit shall be retaining in permit book itself till handed over to safety department. Once all the permits are completed the entire book of third copy will be surrender to safety department for issue of new book

## 6.6 Renewal of General Work permit:

Permit shall remain valid for the duration of **maximum eight hours or end of a shift whichever is earlier**.

All previous day(s), or general shifts or shift work permits need to be renewed at the start of a Shift or job resume. While permit is due for renewal and or permit is under renewal process, Initiator shall not start working on the job. General work permit can be renewed for 7 times accordingly 7 rows are provided in permit copy.

In any case job was not carried on continuation basis, and there is gap, same can be renewed at the time of resuming job if same scope and working conditions are prevail. In the event of continuous gap of more than 15days, permit stands cancelled, on resumption work, new permit need to be raised looking at site condition changes, hazards.

Work permits must be renewed

- At start of a shift all previous shift permits.
- Whenever initiator/issuer is changed for any reason.
- Whenever the scope of work is changed, new permit to be issued
- Whenever the duration is extended
- General shift permit on next day general shift

All Special permits can be used; as long as its General works permit exists or as stated in site specific procedure of any standard except radiation permit and they are subject to same working conditions and scope of work. Special permits are deemed to renewed, once it main general permit has been renewed. No separate renewal required on special permits. Signatures on general permit renewal are applicable to special permits also. During closure, all permits will be closed together. However if general work permit is closed, then special permits related to particular permit will be closed.

However, if activity is to be carried out beyond due duration mentioned on permit, new permit to be initiated with existing permit in open condition. After completion of task both can be closed



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### **Procedure for renewal of Work permit,**

- 6.6.1 Initiator and Issuer shall sign on all the three copies of permit on renewal clause and issuer handover 1<sup>st</sup> and 2<sup>nd</sup> copies of the permit to initiator.
- 6.6.2 Initiator shall briefly explain risk assessment and its mitigation to work group and obtain signature of Co-permittee on renewal clause on both 1<sup>st</sup> and 2<sup>nd</sup> copies. Initiator hand over the 1<sup>st</sup> copy permit to the workgroup for display at job site. He will retain second copy at his office for record purpose during work under progress. Co-permittee signature is not required in 3<sup>rd</sup> copy of permit (white)
- 6.6.3 Initiator shall restart work after renewal.
- 6.6.4 In the event of change in work group other than co-permittee, any addition of person(s) in the work group, Renewal of Permit is not required. However Initiator should explain safety measures, risk assessment and its mitigation to new person(s) in the work group

### **6.7 Critical Safety Equipment Disabling Guidelines**

- 6.7.1 If Any Critical safety Equipment like Safety shower, Fire Hydrant line, Fire Extinguisher or any safety interlock which is been disabled for a particular duration of time, then the below said format to be used along with respective Permit to work.
- 6.7.2 Issuer will initiate for filling of details required for Disabling particular Equipment along with Co-ordinating person or Initiator
- 6.7.3 Initiator will fill all the details along with alternate protection required before disabling.
- 6.7.4 Issuer will get approval from all affected persons with concurrence of his custodian.
- 6.7.5 After getting signature from all affected custodian, initiator can start doing activity.
- 6.7.6 After completion of activity, Permit to be closed along with restoration of bypassed equipment to be informed to all affected person.
- 6.7.7 DCE format is valid until the validity of PTW.
- 6.7.8 Renewal of DCE can be done along with General permit Renewal.

### **6.8 Permit to work Exception procedure**





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- 6.8.1 Exception will be raised by the concerning maintenance or operation in charge for the approval as stated in below format.
- 6.8.2 It will be reviewed and approved by the respective custodian and UIC chairman before forwarding to Apex chairman of the zone.
- 6.8.3 In template job descriptions, along with reference standard SOP/SMP, or Level2– Task/Issue/Area Risk Assessment will be mentioned.
- 6.8.4 While performing jobs under exception, working personal must carry any of the SOP/SMP/Risk Assessment. Job supervisor must go through the risk assessment, it should be explained to working crew. They must sign off for acceptance of understanding risks and their mitigation controls
- 6.8.5 Any activities not covered under exception list, must be covered through PTW process.
- 6.8.6 Any activities falling under special work permits (W@H, CSE, L&S, Radiation etc ) must be carried out through PTW process only and no exception is allowed in that.
- 6.8.7 Format for exception

Sr No	Description of job	SOP/SMP/Risk Assessment (must be attached)	Responsible person (Area in charge)	Accountable person (Custodian)	UIC/ZONE
1					
2					

6.8.8 A template example for a task/issue/area risk assessment is set out below.

Reference: Sustainability Governance System Guidance Note GN07

Process/ Area	Hazard	Unwanted Event / Risk	Person(s) Potentially Exposed	Existing Controls	Potential Consequence Severity (1 to 5)	Potential Likelihood (1 to 5)	Risk Rating	Additional Actions /Controls Required	Residual Risk Rating	Person Responsible

6.8.9 After completing Risk assessment for jobs considering for exception, and after considering additional



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actions/controls, if residual risk rating is still above 9 if any of the task in the job, then exception should not be approved. They must be governed by the PTW and JSA must be followed.

## 7. Management Systems

### 7.1 Related Procedures

All related procedures shall be followed as mentioned in clause No- 6. All deviations are to be as per the Deviation process as mentioned in Clause No-8.

### 7.2 7.2 Internal PTW Audit

**Audit team:** Audit team shall be formed by the plant /Mine Head in consultation with the location head, consisting of one Safety Professional, UIC PTW champion and one intra department from another UIC

Internal Audit shall be carried out once in 6 months and every year 2 audit must be completed.

The audit shall be focused on the following aspects.

- Knowledge about Permit To Work Procedure
- Compliance to the Standard & Procedure
- Implementation of the Procedure, especially Procedure under exclusion
- Documentation & record (including training)

Audit Sample Size:

1. In each UIC, audit must be done for 50 number of permits.
2. In each sample of 50 number of permits, live running permit must be 10nos and 40nos of old permits.
3. Record of every permit along with number must be maintained, even though no deficiencies are found in it.

Record of Deficiencies shall be submitted to the Plant and Mine Head for reporting and SBU Head or HOD for taking steps to correct them.

Records of such corrective actions (including revision of procedure, training etc.) shall also be maintained and audited by the Safety department.

### 7.3 Training & Records

#### 7.3.1 Training

Personnel (HZL Company employee or Contractor employee) initially shall be trained on Work Permit System and special instructions concerning the scope, purpose, authorization, rules and techniques for Work Permit System including, but not necessarily limited to:



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- Recognition of the types of Work Permit System ;
- Intended use of the Work Permit System;
- Steps for Initiating, Issuing, Closure of Work Permit System and the associated responsibility;

All person (HZL Company employee or Contractor employee) authorized to perform maintenance of equipment, must understand the purpose and function of the Work Permit System. Line Department heads are to ensure that all persons in their department (HZL Company employee or Contractor employee) have been properly trained.

Each new or transferred person shall be instructed about the purpose and use of the Work Permit System procedure, as it pertains to them, before they begin their initial assignment.

Refresher training (including System Deviations) to be imparted once a year.

Refresher training shall also be conducted when an audit for the effectiveness of this Work Permit System reveals inadequacies in person's knowledge or performance.

### **7.3.2 Records**

#### **7.3.2.1 Training & Validation Records**

A record of all training shall be maintained. The training record shall include the name of the employee, level of training, name of the instructor and the date of the training.

HOD (HR) will keep all training records on file. The Training records will be retained for a maximum of 3 yrs or till the employee is employed at the site whichever is maximum

Initiator and Issuer will keep the entire filled work permit as record till required to be submitted to safety department from the date of closure of the permit.

### **7.4 Standard Renewal Process**

This standard shall be reviewed and revised as necessary and, at a minimum, not later than two years from the date of the last revision.

### **7.5 Owner of the Procedure**

Owner of the Procedure of Work Permit System shall be Corporate Standard, Rules & Procedures Sub-committee. And owner of the site specific procedure shall be ZONE SRP Chairman,



## 7.6 Permit Retention period and Permit records

[illegible]



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### 7.7 Implementation of Procedure

The Training of the Work Permit System Procedures will be imparted by trained trainer before its implementation.

Date of Implementation: DD/MM/YYYY (the date on which this procedure will become applicable)

## 8 Deviation Process

### Deviation Approval

- Deviations from this procedure must be authorized by the CSC after consultation with the Head -Corporate EHS and no-objection from the Corporate SRP Committee.
- Deviations must be documented, and documentation must include the relevant facts supporting the deviation decision.
- Deviation authorization must be renewed periodically as necessary as and not later than one year.

### Normal Deviations

- Normally no deviation is allowed.

### Emergency Deviations

Emergency deviations must be authorized in writing by the

- LOCATION HEADS/ UNIT HEADS when, as a result of an unforeseen event or situation, there is inadequate time to process a Normal Deviation.
- Emergency deviations shall be authorized only where it is not feasible to comply with a requirement in this standard procedure.
- Emergency deviations shall be short in duration, not to exceed the time to perform the task in hand.
- Appropriate EHS resources shall be consulted.

The deviation must be documented in prescribed format. The documentation must include the relevant facts supporting the deviation decision and the interim measures to be put in place to achieve acceptable levels of EHS protection.



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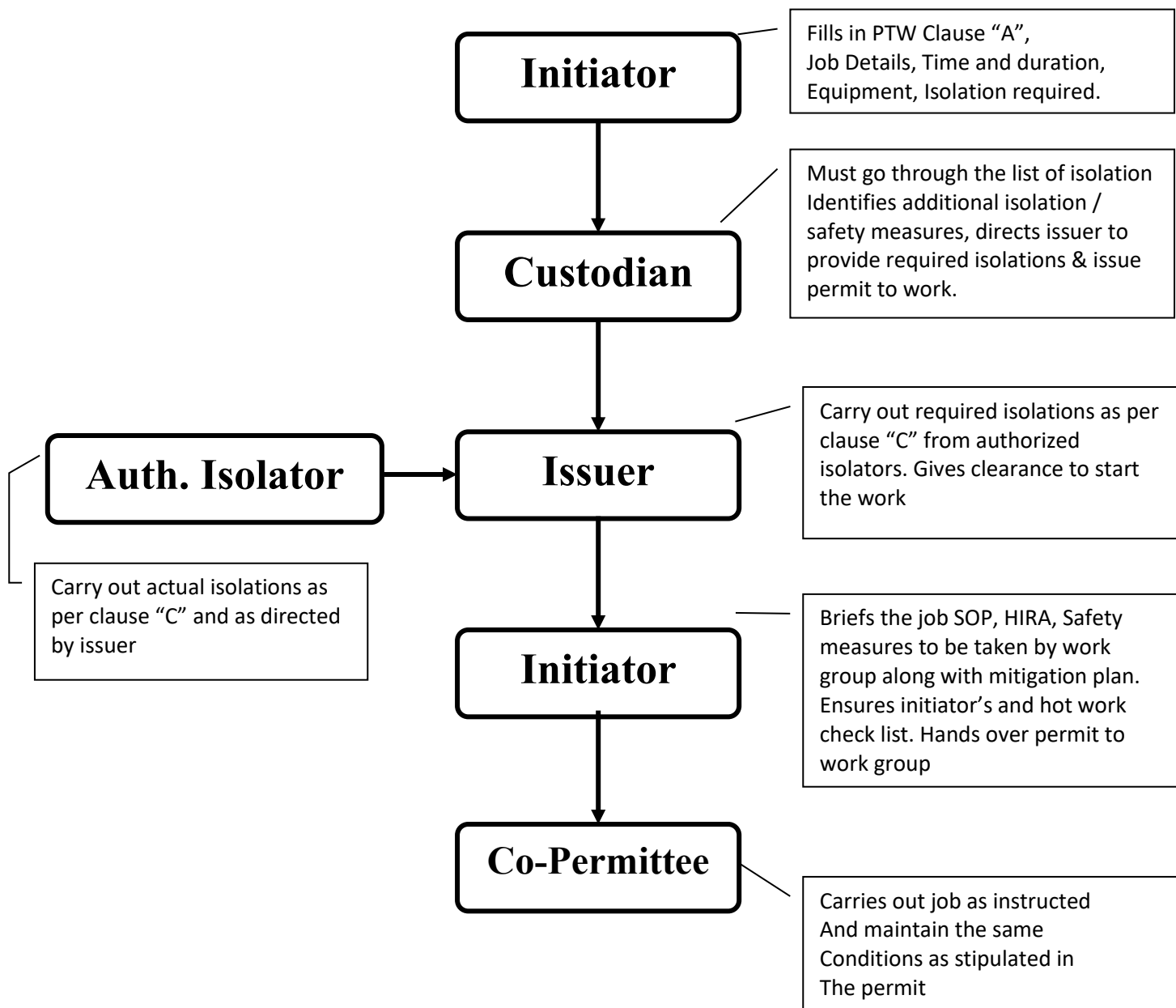
A copy of the deviation must be sent to the Corporate Safety Council on monthly basis.



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## Annexure I

### Flow Chart to obtain General Work Permit

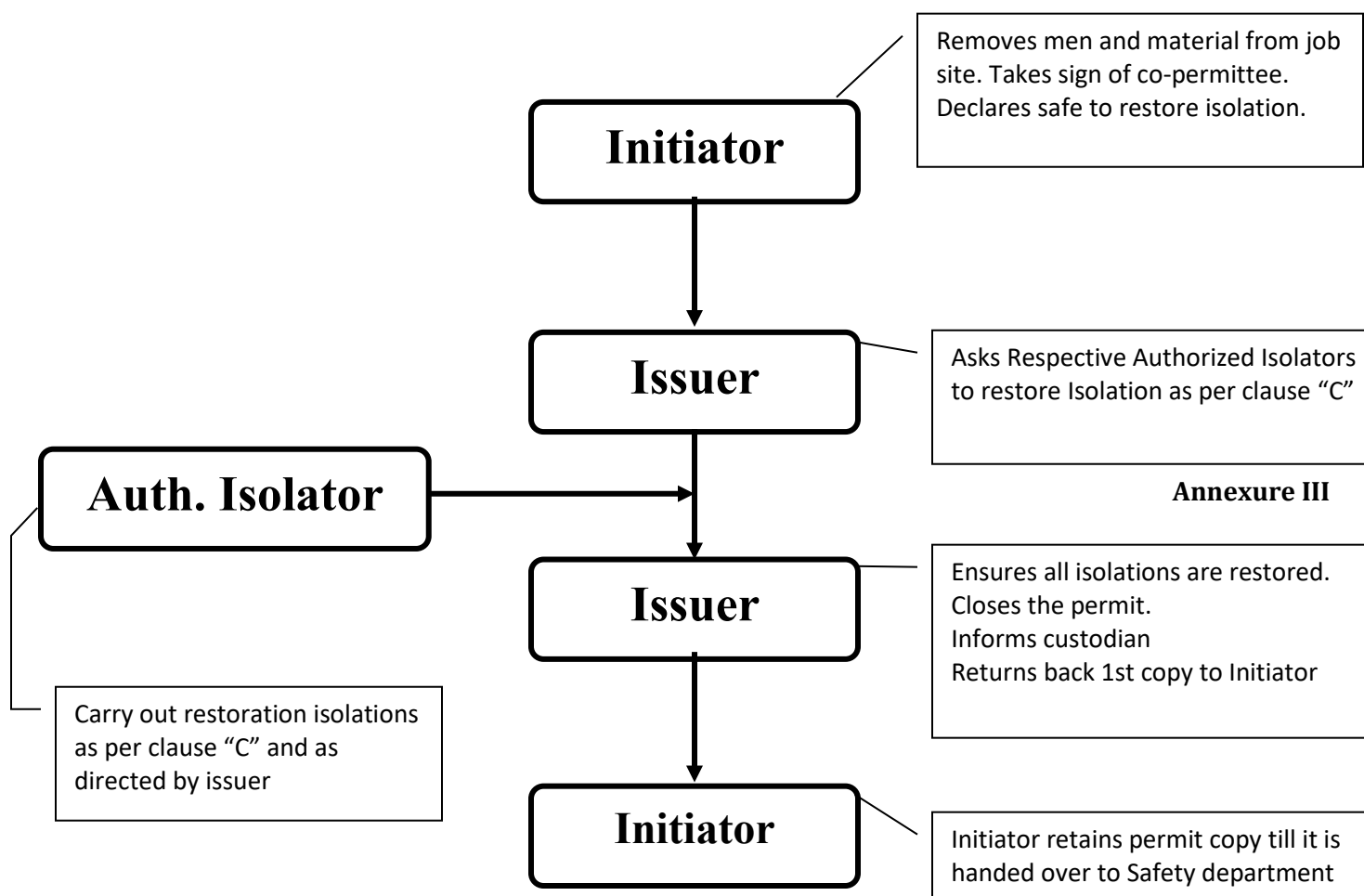




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## Annexure II

### Flow Chart to Close General Work Permit







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### **RACI chart**

**The roles and responsibilities to implement this standard Procedure is outlined below:**

	<b>Initiator</b>	<b>Permit issuer</b>	<b>Authorized isolator</b>	<b>Custodian</b>	<b>Co-Permittee</b>	<b>Unit EHS</b>	<b>Corporate EOHS</b>
Identification and assessment of site conditions	R	A/R	----	---	R	C	--
Ensure that equipment/ machine / system is shut down and cleared	---	A/R	R	A	R	C	--
Electrical Isolation of Equipment Through concerned isolators	---	A/R	R	A/R	---	C	--
Closure of PTW and restoration of original conditions	R/A	----	---	---	R	I	---
Planning and Preparation of SWP/JSA	A/R	-----	----	-	R	C	-
Identify person responsible for implementing PTW Conditions /safety precautions	R	A/R		---	---	C	---
Renewal of PTW In case clause 6.7 in procedure	R	A/R	-	-	---	-	-
Protective equipment plan	---	A/R		--	---	C	C
Job Execution as defined strictly in PTW	R	A/R		--	R	C	---
Audit for compliance	A	A/R		--	--	A	I

**R : Responsible**



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People who are expected to actively participate in the activity and contribute to the best of their abilities.

**A: Accountable**

The person who is ultimately responsible for the results.

**C: Consulted**

People who have a particular expertise and can contribute to specific decisions.

**I : Informed** People who are affected by the activity/decision and therefore need to be kept informed, but do not participate in the effort.



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Permit To work				Rev No : Sr No.				
(A) To be filled and Ensured by Initiator				Hot Work	Cold Work			
Plant / Area :		Dept/Sect :		Date: / / 201				
Description of work:				Time: : AM / PM				
				Job Duration				
SN	Desc. Of Isolation required	Eqpt. No	Isolation	SN	Initiators's Check List	Y	NA	
1				1	Is cable required to removed? If Yes, Eqpt.No			
2				2	Is hot work to be involved? If yes ensure Hot-work Checklist on overleaf			
3				3	Is activities wise Risk assessment & its mitigation along with SOP briefed to each workman?			
4				4	Is the work to be done on or near crane/track, moving machinery? If Yes, same equipments are mentioned in list of isolation			
5				5	PPE provided as identified in SOP and Risk Assessment.			
6				6	Does the work involve; Confined space entry    Work at Height & fragile Roof    Electrical HT /LT work    Excavation    Radiation    If yes take relevant additional special permits			
7								
8								
9								
10								
Name of Initiator :				Signature				
(B) Comment by Custodian :				To Issuer ( Name of issuer) _____				
1. List of Equipment where isolation is required is OK				Please get equipments isolated as mentioned in clause A, B & D and give clearance to start the job				
2. Following additional isolations / safety measures are required				Name of custodian				
				Signature				
				Date: / / 201      Time:				
(C) To be filled by Authorised person who is carrying out isolations								
SN	Desc. Of Isolation	Eqpt.Tag No	Eqp Description	LOTO Key No	Date&Time	Name of Isolator	Signature	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
(D) To be filled and ensured by Issuer							Y	NA
1 Are plant / equipment stopped?								
2 Are Preceding & following equipments also stopped?								
3 Have equipment / pipelines depressurized (Vent Open), process material(s) emptied out and Drained fully?								
4 Have the vessel / equipment / line been positively isolated from all sources? ( including compressed air supply to shock blaster, input material, gas entry/ exit, steam, water, oil, and radiation source if,								
5 Is there adequate ventilation maintained & equipment reasonably cooled down? (If not, please arrange to provide force draft ventilation)?								
6 Are hazardous energy source locked?								
Comment by Issuer : I have ensured that all Isolation mentioned in clause A,B , C & D are completed. Clear to start the job				Name of issuer				
MLB Key Numbers: Issuer: _____, Initiator: _____				Signature				
				Date: / / 201      Time:				
(E) To be Filled by Initiator				(F) Co-permittee (Group Leader of Work Group)				
Noted Clause D. Try out for positive isolation carried on all the isolations. the Work Can be started now				I am briefed and understood clause A,B,C & D. I shall maintain conditions as permit check list.				
Date: / / 2015      Time:				Date: / / 201      Time:				
Name of initiator:				Name of co-permittee:				
Signature				Signature				



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### Procedure for Permit To work (PTW)

1. Initiator shall fill in job description in detail & shall furnish details of isolations required for safe working on the job
2. Custodian shall check "list of isolation" mentioned by initiator, add any other isolations / safety measure required (if any) and ask issuer to carry out positive isolations.
3. Issuer shall carry out isolations from respective agencies (Auth. Isolators) and Auth. Isolators shall carry out physical isolations, fill in details in Clause C and sign. Issuer ensures clause "D". After isolations, gives clearance to start the job & hand over 1st copy of permit to initiator and retains 2nd copy for display.
4. Initiator shall brief all safety measures to work group and get sign of co-permittee. 1st copy shall be displayed at work site.
6. After Completion of job, initiator shall obtain sign of co-permittee and handover permit to issuer for restoring isolations
7. Issuer shall direct Authorised Isolators to restore isolations mentioned in isolation list.
8. Authorised Isolators shall restore respective isolations, mentions details and sign.
9. After restoring isolations, issuer shall declare Equipments / plant ready to start and shall inform to custodian and shall handover 1st copy of permit to initiator. He shall file 2nd copy of permit in "completed work file" at his end.
10. Initiator shall record the permit copy for 7 days in his "completed work file".

### Hot-Work Check List

To be filled and ensured by Initiator

	Y	NA
1 Has combustible material /oil spillage in nearby vicinity been removed / properly covered?		
2 While carrying out the Arc welding job the earthing shall be provided directly and it shall be at on the job.		
3 Keep fire extinguishers / sand / running water hose near the job.		
4 Has proper covering been provided i.e. GI sheet /asbestos blanket etc over the fuel/Gas cylinder/cables/any combustible materials?		
5 While carrying out cutting job the "Flash Back arrestor" shall be provided at both the side of hoses (at cylinder & torch sides)		
6 Welding cables' joint must be with lugs and insulated		
7 Are Gas regulators, hoses, torches, flash back arrestors, welding cables & Holders are ISI marked & in healthy condition?		
8 Can Spark /metal slag fall on any fuel/gas cylinder/ cable/ any combustible materials? If Yes, Ensure Pt No 4		
9 Is welding Machine connection is provided through ELCB ?		

### Renewal of General work Permit

Date	Time	Issuer		Initiator		Co-permittee	
		Name	Signature	Name	Signature	Name	Signature

#### Guidelines for Renewal of Permit

Work permits need to be renewed.....

- At start of General shift every day.
- Whenever initiator is changed for any reason.
- Whenever Co-Permittee is changed for any reason.

#### Procedure for renewal of Work permit.

1. Initiator shall brief risk assessment and its mitigation to work group and obtain signature of Co-permittee.
2. Issuer shall sign in 2nd copy of permit with him and shall also sign 1st copy and return 1st copy to initiator.
3. Initiator shall restart work after renewal by issuer.
4. In the event of change in work group, Renewal of Permit from issuer is not required. However Initiator should explain safety measures, risk assessment and its mitigation to new person(s) in the work group and shall sign and shall obtain signature of co-permittee

While permit is due for renewal and or permit is under renewal process, Initiator shall not start working on the job.

### Closure of Permit To Work (PTW)

(G) To be Filled by Initiator

The Job is completed. All men & materials are removed from the site. All the machine guards are fixed and Safe to restore isolations as stated in clause (C)

Date: / / 201      Name & Sign of co-permittee      Name & Sign of Initiator  
Time

(H) To Authorised Isolators Please restore isolations as stated in clause (C)

Name & Sign of Issuer      Date: / / 201      Time:

(I) I have restored isolation for following equipments from list stated in clause (C)

Equipment no(s)	Equipment no(s)	Equipment no(s)
Name & sign	Name & sign	Name & sign
Date & Time	Date & Time	Date & Time

(j) All isolation made as per clause C are now restored. Equipment are ready to start. Informed to custodian.

Name & Sign of Issuer      Date: / / 201      Time:

(K) Permit received for record purpose.

Date: / / 20      Name of Initiator      Signature  
Time



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**Format for AVI  
Temporarily Energization of  
Equipment**

**Ref. Permit no**

To Issuer :I have physically ensured that all manpower is removed .Please temporarily Enerise  
the Equipment

Tag  
no :

Name of the initiator                      Sign                      Date                      time

To isolator ,Electrical & instrument Authorised personnel . Please temporarily enerise the  
equipment as above

Name of Issuer                      Sign                      Date                      time

I have Energised the equipment as stated above

Name of Authorised  
Isolator                      Sign                      Date                      time

To Issuer : Please isolate the equipment Tag no -----  
-

Name of the initiator                      Sign                      Date                      time

To isolator : Electrical and instrument authorised person . Please isolate the  
equipment no---

Name of Issuer                      Sign                      Date                      time

To Initiator I have isolated the equipment tag no ----  
----

Name of Authorised  
Isolator                      Sign                      Date                      time



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## CONFINED SPACE ENTRY PERMIT



Sr.No. \_\_\_\_\_

<b>1. PERMIT APPLICATION (INITIATOR)</b> Confined Space / Vessel No: _____ Location: _____ Brief Description of Work in Vessel/ Confined Space: _____ _____ _____ Expect Period of Work: From _____ (Date) _____ (hrs) To _____ (Date) _____ (hrs) Associated Permit(s): <input type="checkbox"/> Cold Work Permit (S/No. _____) <input type="checkbox"/> Work at Height Permit (S/No. _____) <input type="checkbox"/> Process Isolation Permit (S/No. _____) <input type="checkbox"/> Hot Work Permit (S/No. _____) <input type="checkbox"/> Electrical Work Permit (S/No. _____) <input type="checkbox"/> Other _____					
<b>GENERAL SAFETY CHECKS</b> <input type="checkbox"/> Written Rescue plan is available and attached <input type="checkbox"/> The vessel has been provided with 'natural/forced ventilation <input type="checkbox"/> Workers have been thoroughly briefed on the scope of work, all safety precautions & requirements for vessel entry <input type="checkbox"/> Is the attendant available <input type="checkbox"/> Others _____ I certify that the above have been checked and found satisfactory. Name: _____ Signed: _____ Date: _____ Time: _____					
<b>2. PERMIT APPROVAL (APPROVER)</b> <b>GENERAL SAFETY CHECKS</b> <input type="checkbox"/> The vessel 'contained/did not contain hazardous material <input type="checkbox"/> Type of hazardous material: _____ <input type="checkbox"/> Gas tests to be carried out at following interval: every _____ hr <input type="checkbox"/> Gas tests have been carried out in the vessel/confined space and the results are as per Annex -1 <input type="checkbox"/> All employees involved are trained for the Job <input type="checkbox"/> Ensure Sufficient Illumination <input type="checkbox"/> The vessel has been depressurized, drained, purged and cleared of hazardous material <input type="checkbox"/> Isolated/blinded/line broken from all process/utility <input type="checkbox"/> Electrical systems Isolated <input type="checkbox"/> Lock, Tag & Try completed ( Key Control Box No. _____ ) <input type="checkbox"/> Appropriate controls put in Place as per HIRA <input type="checkbox"/> Ensure Equipment grounding in case of Static charge <b>SAFETY REQUIREMENTS</b> <b>Other PPE</b> <input type="checkbox"/> Chemical suit. Type: _____ <input type="checkbox"/> Chemical gloves and boots <input type="checkbox"/> Life line <input type="checkbox"/> Other _____ <b>Respiratory Protection</b> <input type="checkbox"/> Respiratory protective equipment <input type="checkbox"/> Air-Line Respirator <input type="checkbox"/> Self-contained Breathing Apparatus (SCBA) <b>Gas Monitoring Equipment</b> <input type="checkbox"/> Personal O2 meter with alarm <input type="checkbox"/> Other _____ I certify that the above have been checked and found satisfactory. The permit is hereby approved and vessel entry is allowed subject to compliance of all safety precautions and requirements stipulated in this permit and associated permits and work procedures. Name: _____ Signed: _____ Date: _____ Time: _____					
<b>3. CONFIRMATION &amp; ACCEPTANCE</b> We have inspected the work site on _____ (Date) at _____ (Time) and confirm that the permit conditions have been complied with and it is safe to enter the vessel/confined space. Initial gas test has been carried out and recorded in Annex-1. Subsequent gas test must be carried out every 2 hours interval and results to be recorded in Annex-1. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <b>INITIATOR</b>            Name: _____            Signed: _____         </td> <td style="width: 33%; border: none;"> <b>APPROVER</b>            Name: _____            Signed: _____         </td> <td style="width: 33%; border: none;"> <b>CSE SUPERVISOR</b>            Name: _____            Company: _____            Signed: _____         </td> </tr> </table>			<b>INITIATOR</b> Name: _____ Signed: _____	<b>APPROVER</b> Name: _____ Signed: _____	<b>CSE SUPERVISOR</b> Name: _____ Company: _____ Signed: _____
<b>INITIATOR</b> Name: _____ Signed: _____	<b>APPROVER</b> Name: _____ Signed: _____	<b>CSE SUPERVISOR</b> Name: _____ Company: _____ Signed: _____			
<b>4. PERMIT RENEWAL</b> <input type="checkbox"/> The vessel/confined space risk has been re-surveyed and conditions have not changed as per Annex-1 & 2 <input type="checkbox"/> The renewal of permit is granted from _____ at _____ hrs, to _____ at _____ hrs <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <b>INITIATOR</b>            Name: _____            Signed: _____         </td> <td style="width: 33%; border: none;"> <b>APPROVER</b>            Name: _____            Signed: _____         </td> <td style="width: 33%; border: none;"> <b>CSE SUPERVISOR</b>            Name: _____            Company: _____            Signed: _____         </td> </tr> </table>			<b>INITIATOR</b> Name: _____ Signed: _____	<b>APPROVER</b> Name: _____ Signed: _____	<b>CSE SUPERVISOR</b> Name: _____ Company: _____ Signed: _____
<b>INITIATOR</b> Name: _____ Signed: _____	<b>APPROVER</b> Name: _____ Signed: _____	<b>CSE SUPERVISOR</b> Name: _____ Company: _____ Signed: _____			
<b>5. WORK COMPLETED (INITIATOR)</b> <input type="checkbox"/> Work 'completed/suspended on _____ at _____ hrs and all personnel have left the vessel/confined space. <input type="checkbox"/> The vessel/confined space has been re-surveyed and conditions have not changed. O <sub>2</sub> content, % <input type="checkbox"/> The extension of permit is granted from _____ at _____ hrs, to _____ at _____ hrs <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">           Name: _____ Signed: _____            Date: _____ Time: _____         </td> <td style="width: 33%; border: none;">           Name: _____ Signed: _____            Date: _____ Time: _____         </td> <td style="width: 33%; border: none;">           Name: _____ Signed: _____            Date: _____ Time: _____         </td> </tr> </table>			Name: _____ Signed: _____ Date: _____ Time: _____	Name: _____ Signed: _____ Date: _____ Time: _____	Name: _____ Signed: _____ Date: _____ Time: _____
Name: _____ Signed: _____ Date: _____ Time: _____	Name: _____ Signed: _____ Date: _____ Time: _____	Name: _____ Signed: _____ Date: _____ Time: _____			
<b>5. PERMIT CANCELLATION (APPROVER)</b> <input type="checkbox"/> Permit canceled at _____ hrs on _____ and all personnel have left the vessel/confined space. <input type="checkbox"/> No further vessel entry is allowed unless new permit is issued Name: _____ Signed: _____ Date: _____ Time: _____					
<b>6. PERMIT CLOSURE (APPROVER)</b> <input type="checkbox"/> Permit closed on date _____ at _____ hrs on and ensured that all the personnels have evacuated from the vessel/confined space. Name: _____ Signed: _____ Date: _____ Time: _____					



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RECORD OF GAS TESTS FOR CONFINED SPACE ENTRY

ANNEXURE - I



- Oxygen content in the confined space must be checked at regular interval as specified by the Approving Authority.
  - Flammable gas and/or toxic gas should also be checked if it is present at the surrounding area of the vessel/confined space.
  - (A) UNDER NO CIRCUMSTANCE should a person remain inside the confined space if O<sub>2</sub> content falls below 19.5% and exceeds 23.5%.  
(B) If flammable gas, toxic gas & fine coal is present, % LEL should be NIL.
- Oxygen meter, LEL Meter, Toxic Gas Detector Model No: \_\_\_\_\_ SI No: \_\_\_\_\_  
Date of last Calibration \_\_\_\_/\_\_\_\_/\_\_\_\_ & due date of calibration \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE	TIME	O <sub>2</sub> %	FLAMMABLE GAS OR FINE COAL		TOXIC GAS			SIGNATURE OF CSE SUPERVISOR/ ATMOSPHERIC TESTER
			%LEL	LOCATION	TYPE	PPM	LOCATION	

LIST OF PERSONS ENTERING THE CONFINED SPACE

A). Date: \_\_\_\_\_  
Plant: \_\_\_\_\_ Equipment Name: \_\_\_\_\_  
Area: \_\_\_\_\_ Confined Space No: \_\_\_\_\_ Permit No: \_\_\_\_\_

B). Details of Persons entering in the confined space:							
SL. No.	Name of the Persons entering in Confined space	Emp.No./ Gate pass no.	Name of Contractor (if applicable)	In Time	Sign of Person entering	Out Time	Sign of Person coming out

- Name of CSE Supervisor: \_\_\_\_\_ Sign: \_\_\_\_\_
- Name of the Attendant/Contractor: \_\_\_\_\_ Sign: \_\_\_\_\_

LIST OF TOOLS AND TACKLES ENTERING THE CONFINED SPACE

Date: \_\_\_\_\_  
Plant: \_\_\_\_\_ Equipment Name: \_\_\_\_\_  
Area: \_\_\_\_\_ Confined Space No: \_\_\_\_\_  
Permit No: \_\_\_\_\_

Details list of tools and tackles entering in the confined space:

Descriptions of Tools & tackles entering in Confined space	Name of Person	Emp.No/ Gate pass no.	Section / Dept	In Time	Out Time	Sign of Person coming out

- Name of CSES: \_\_\_\_\_ Sign: \_\_\_\_\_
- Name of the Attendant (HZL/ Contractor): \_\_\_\_\_ Sign: \_\_\_\_\_

CONFINED SPACE ENTRY RESCUE PLANS

Date: \_\_\_\_\_ Duration: \_\_\_\_\_  
Name of Confined Space: \_\_\_\_\_

Emergency Ph No: \_\_\_\_\_ Fire: \_\_\_\_\_ Rescue Head Contact No: \_\_\_\_\_  
Ambulance: \_\_\_\_\_ Fire: \_\_\_\_\_ Rescue Team Contact No: \_\_\_\_\_  
Rescue Method: \_\_\_\_\_ Rescue Equipment: \_\_\_\_\_  
Emergency escape retrieval equipment:  
Tripod Yes/No/NA  
Lifeline Yes/No/NA  
Full body harness Yes/No/NA  
Breathing apparatus Yes/No/NA  
Mode of communication \_\_\_\_\_

Potential Chemical and/or Physical Hazards: \_\_\_\_\_ ☐ Yes ☐ No  
(If Yes, attach MSDS for each chemical)

- Name of Rescue Head/Team Member: \_\_\_\_\_ Sign: \_\_\_\_\_



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Work At Height & Scaffolding Work Permit			
			Sr. No.
Brief description of the work (INITIATOR): _____			
Means Of Access: <input type="checkbox"/> Fixed Ladder <input type="checkbox"/> Portable Ladder <input type="checkbox"/> Scaffold <input type="checkbox"/> Manlift <input type="checkbox"/> Other (specify): _____			
Plant & Location: _____; Period of work From : _____ (Date) _____ (hrs); To: _____ (Date) _____ (hrs)			
Associated Permit(s): <input type="checkbox"/> Cold Work Permit (S/No. _____) <input type="checkbox"/> Hot Work Permit (S/No. _____) <input type="checkbox"/> ESMS Work Permit (S/No. _____) <input type="checkbox"/> Excavation Work Permit (S/No. _____) <input type="checkbox"/> Other : _____			
<b>GENERAL SAFETY CHECKS</b>			
S.N.	Check points	Y	NA
1	JSA available and attached to this permit		
2	Portable Ladder, Manlift or other means of access being used are Tagged SAFE to use		
3	Scaffoldings provided with Green Tag for 'SAFE FOR USE' and daily inspection completed?		
4	Is area below the job properly cordoned off and displayed cautionary sign board?		
5	Only Full Body Harness with double lanyard and double action snap hooks are being used		
6	All Harness, Lanyard, Hooks, Lifelines, Rope Grabs etc are certified and visually inspected		
7	All scaffolders are trained and certified for scaffolding job (erecting, dismantling etc)		
8	Persons working at Height are trained in use of Full Body Harness with double lanyard		
9	Persons working at Height are medically fit (Height phobia test cleared)		
S.N.	Check points	Y	NA
10	Have suitable anchor points for 'tie-off' been identified, including when climbing/ descend?		
11	Is rope/grab fall arrestor provided when using vertical lifelines?		
12	Have all lifelines been anchored to supports as per the expected load? (2250 kgs/ person)		
13	Guardrails (top, mid and toe-boards) have been provided on platforms to prevent any fall		
14	Are all tools, other material secured at height to prevent injury from falling objects?		
15	Is adequate precaution taken if any overhead electrical line passing through working area?		
16	Attendant designated and is present at work site to initiate rescue (as per Standard, JSA).		
17	Roof Walk ladder available for Fragile work		
18	For Roof Walk, Suitable Anchor point provided?		
I certify that the above have been checked and found satisfactory.			
INITIATOR Name _____		Sign _____	
Date _____		Time _____	
<b>2. PERMIT APPROVAL (ISSUER): Please write Yes (Y) or (NA) inside the box for each safety check point below</b>			
<input type="checkbox"/> JSA reviewed for the hazards & controls identified			
<input type="checkbox"/> Following additional hazards & controls identified based on field visit & discussion: _____			
I certify that all the above safety checks are completed and found satisfactory. The permit is hereby approved and work can start subject to continued compliance to all safety precautions and requirements stipulated in this permit and associated permits and work procedures.			
Name: _____		Sign: _____	
Date: _____		Time: _____	
<b>3. CONFIRMATION &amp; ACCEPTANCE (INITIATOR)</b>			
We have inspected the work site on _____ (Date) at _____ (Time) and confirm and accept that all the permit conditions have been complied with and it is safe to start work.			
<b>INITIATOR</b>		<b>CO-PERMITTEE</b>	
Name _____		Name _____	
Sign _____		Contractor _____	
		Sign _____	
<b>4. WORK COMPLETED (INITIATOR)</b>			
Work completed on _____ (Date) at _____ (Time) and all personnel and material have been removed and site is clear.			
<b>INITIATOR</b>		<b>CO-PERMITTEE</b>	
Name _____		Name _____	
Sign _____		Contractor _____	
		Sign _____	
<b>5. PERMIT CLOSURE (ISSUER)</b>			
I have inspected the work site on _____ (Date) at _____ (Time) and confirm that the work is completed and conditions at site have been returned to normal			
Name _____		Signed _____	
Date _____		Time _____	





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Permit for Excavation			
THIS COPY MUST BE AVAILABLE AT WORK SITE			Sr. No.
<b>1.PERMIT APPLICATION (INITIATOR):-</b>			
Location: _____			
Brief description of work: _____			
Expected period of work: From : _____ (Date) _____ (hrs) To:- _____ (Date) _____ (hrs)			
Associated Permit(s):	<input type="checkbox"/> Cold Work Permit (S/No. _____)	<input type="checkbox"/> Hot Work Permit (S/No. _____)	
	<input type="checkbox"/> Work at Height Permit (S.N. _____)	<input type="checkbox"/> Electrical Work Permit :-	
	<input type="checkbox"/> Other :- _____		
<b>GENERAL SAFETY CHECKS</b>			
<input type="checkbox"/>	Written Excavation plan, meeting standard, is available and attached	<input type="checkbox"/>	Adequate Lighting is provided
<input type="checkbox"/>	Emergency Rescue equipment is available as per Standard	<input type="checkbox"/>	Cautions boards and Barricades provided
<input type="checkbox"/>	Workers have been thoroughly briefed on the scope of work, all safety precautions & requirements for excavation	<input type="checkbox"/>	If the excavation is confined space, ensure CSE permit is taken
<input type="checkbox"/>	Others _____		
I certify that the above have been checked and found satisfactory.			
Name: _____		Sign: _____	
Date: _____		Time: _____	
<b>2. CLEARANCE FOR EXCAVATION</b>			
Before commencing the excavation, clearance should be taken from all concerned for underground pipes and cables			
Civil	Name: _____	Signature _____	Remarks _____
Electrical dept	Name: _____	Signature _____	Remarks _____
Instrumentation dept	Name: _____	Signature _____	Remarks _____
IT dept.	Name: _____	Signature _____	Remarks _____
Mechanical dept.	Name: _____	Signature _____	Remarks _____
<b>3.PERMIT APPROVAL (ISSUER)</b>			
<b>GENERAL SAFETY CHECKS</b>			
<input type="checkbox"/>	Necessary precaution is taken for underground pipes, sewers, cables	<input type="checkbox"/>	Appropriate controls put in place as per HIRA
<input type="checkbox"/>	All employees involved are trained on working at height	<input type="checkbox"/>	Excavation plan is as per standard
<input type="checkbox"/>	Ensure sufficient illumination		
I certify that the above have been checked and found satisfactory. The permit is hereby approved and excavation is allowed subject to compliance of all safety precautions and requirements stipulated in this permit and associated permits and work procedures.			
Name: _____		Sign: _____	
Date: _____		Time: _____	
<b>4. CONFIRMATION &amp; ACCEPTANCE</b>			
We have inspected the work site on _____ (Date) at _____ (Time) and confirm that the permit conditions have been complied with and it is safe to excavate the space.			
<b>INITIATOR</b>		<b>CO-PERMITTEE</b>	
Name _____		Name _____	
Sign _____		Contractor _____	
		Sign _____	
<b>5.WORK COMPLETED (INITIATOR)</b>			
Work completed on _____ at _____ hrs and all personnel and material have been removed and site is clear.			
<b>INITIATOR</b>		<b>CO-PERMITTEE</b>	
Name _____		Name _____	
Sign _____		Contractor _____	
		Sign _____	
<b>5.PERMIT CLOSURE (ISSUER)</b>			
Permit closed on date _____ at _____ hrs on and ensured that all the personnel and material have been removed and site is clear.			
Name _____		Signed _____	
Date _____		Time _____	
<input checked="" type="checkbox"/> Tick whether applicable			



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### ELECTRICAL WORK PERMIT

(This Permit is Valid to carry out Jobs in Limited Approach Boundaries only)

Sr.No. \_\_\_\_\_

Brief Description of Work (INITIATOR): \_\_\_\_\_

Type of Electrical Work: ☐ Within Limited Approach Boundary only  
Equipment to Work on (Tag No.) \_\_\_\_\_ Circuit Voltage: \_\_\_\_\_ ☐ AC ☐ DC

Plant & Location: \_\_\_\_\_; Period of Work From: \_\_\_\_\_ (Date) \_\_\_\_\_ (hrs) ; To \_\_\_\_\_ (Date) \_\_\_\_\_ (hrs)

Associated Permit(s):  
☐ Cold Work Permit (S/No. \_\_\_\_\_) ☐ Hot Work Permit (S/No. \_\_\_\_\_)  
☐ Work at Height & Scaffolding Work Permit (S/No. \_\_\_\_\_) ☐ Excavation Permit (S/No. \_\_\_\_\_)  
☐ Confined Space Work Permit (S/No. \_\_\_\_\_) ☐ Other \_\_\_\_\_

#### GENERAL SAFETY CHECKS

S.NO.	Check Points	Y	NA
1	Risk Analysis performed and attached to permit.		
2	Authorized person carrying out the job; Trained & qualified in use of required procedures, Tools/Equipments, PPE etc.		
3	All the tools and equipments required for the job are identified, available and inspected OK		
4	PPE requirements have been clearly identified, available at Location, inspected OK		
5	Equipments to be worked upon has been de-energized as per LOTO standard		
6	Equipment to be worked upon checked for absence of voltage		
7	Equipment to be worked upon has been grounded		
8	Authorized standby person available; Provided with PPE, Equipment as per type of electrical work.		
9	Area is cordoned-off and cautionary signage displayed		

I certify that the above have been checked and found satisfactory.

INITIATOR Name: \_\_\_\_\_ Sign: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### 2. PERMIT APPROVAL (ISSUER): Please write Yes (Y) or (NA) inside the box for each safety check point below

- ☐ Equipment tag number is correct  
☐ Risk Analysis (JSA) reviewed for the hazard & controls  
☐ Following additional hazards & controls identified based on field visit & discussion \_\_\_\_\_

Job briefing has been performed YES ☐ NO ☐

Do you agree the above work can be done safely? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, return to requester)

I certify that all the above safety checks are completed and found satisfactory. The permit is hereby approved and work can start subject to continued compliance to all safety precautions and requirements stipulated in this permit and associated permits and work procedures.

Name: \_\_\_\_\_ Sign: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### CONFIRMATION & ACCEPTANCE (INITIATOR)

We have inspected the work site on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time) and confirm and accept that all the permit conditions have been complied with and it is safe to start work.

##### INITIATOR

Name: \_\_\_\_\_  
Sign: \_\_\_\_\_

##### CO-PERMITTEE

Name: \_\_\_\_\_  
Contractor: \_\_\_\_\_  
Sign: \_\_\_\_\_

#### 4. WORK COMPLETED (INITIATOR)

Work Completed on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time) and all personnel and material have been removed and site is clear.

##### INITIATOR

Name: \_\_\_\_\_  
Sign: \_\_\_\_\_

##### CO-PERMITTEE

Name: \_\_\_\_\_  
Contractor: \_\_\_\_\_  
Sign: \_\_\_\_\_

#### 5. PERMIT CLOSER (ISSUER)

I have inspected the work site on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time) and confirm that the work is completed and conditions at site have been returned to normal.

##### ISSUER

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Sign: \_\_\_\_\_  
Time: \_\_\_\_\_

**#Note:** Limited Approach Boundary: The closest approach distance to the exposed energized electrical conductors or circuit parts by unqualified persons as per GESM standards.



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### ELECTRICAL WORK PERMIT

(This Permit is Valid to carry out Jobs in Restricted & Prohibit Approach Boundaries only)

Sr.No.

Brief Description of Work (INITIATOR):	
Type of Electrical Work: <input type="checkbox"/> Restricted Approach Boundary <input type="checkbox"/> Prohibit Approach Boundary Equipment to Work on (Tag No.) _____ Circuit Voltage: _____ <input type="checkbox"/> AC <input type="checkbox"/> DC	
Plant & Location: _____; Period of Work From: _____ (Date) _____ (hrs) ; To _____ (Date) _____ (hrs)	
Associated Permit(s): <input type="checkbox"/> Cold Work Permit (S/No. _____) <input type="checkbox"/> Hot Work Permit (S/No. _____) <input type="checkbox"/> Work at Height & Scaffolding Work Permit (S/No. _____) <input type="checkbox"/> Excavation Permit (S/No. _____) <input type="checkbox"/> Confined Space Work Permit (S/No. _____) <input type="checkbox"/> Other _____	
<b>SAFETY CHECKS</b>	
<b>Visual Inspection Findings is there adequate:</b> Working space <input type="checkbox"/> yes <input type="checkbox"/> No Corrective action _____ Lighting <input type="checkbox"/> yes <input type="checkbox"/> No Corrective action _____ Access/Egress <input type="checkbox"/> yes <input type="checkbox"/> No Corrective action _____ Labeling <input type="checkbox"/> yes <input type="checkbox"/> No Corrective action _____	
<b>Approved type test Equipment to be Use:</b> Voltage Sensing: <input type="checkbox"/> Contact <input type="checkbox"/> Non-contact <input type="checkbox"/> Voltage Measurement <input type="checkbox"/> Current Measurement <input type="checkbox"/> Thermography <input type="checkbox"/> Phasing <input type="checkbox"/> Other _____	
<b>Electrical PPE:-</b> Voltage Rated Gloves Class "00" <input type="checkbox"/> Class "0" <input type="checkbox"/> Class "1" <input type="checkbox"/> Class "2" <input type="checkbox"/> Class "3" <input type="checkbox"/> Class "4" <input type="checkbox"/> Other _____ Arc Flash Protection Required: Arc flash Suit Rating _____ Total Body Protection _____ Eye Protection _____ Hand Protection _____ Head Protection (face, neck and chin) _____ Foot and Leg Protection _____ Other _____ Other Electrical PPE _____	
<b>Barriers:</b> To prevent contact with exposed conductor Voltage Rated Blankets _____ Voltage Rated Hose _____ Physical Guard _____ Other _____	
<b>Other Protective Equipment and Considerations:</b> Insulated Hand Tools _____ Insulate Worker from Ground _____ Hard-Hat/Safety Glasses _____ Chemical Protection _____ Safety Grounds _____ Discharge Grounds _____ Fall Protection _____ Non Conductive Ladders _____ Other _____	
<b>Securing Work Area:</b> Barricades _____ Signs _____	
Standby Person: Is a standby person required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If standby person is required check the additional applicable duties Have arc flash PPE <input type="checkbox"/> Perform arc flash rescue <input type="checkbox"/> Have Shock PPE <input type="checkbox"/> Perform shock rescue <input type="checkbox"/> Emergency Contact _____ Power Shutdown _____ Standby Person(s) _____ Other Information for the standby person _____	
<b>Verification of Information:</b> References used to prepare the plan Single Line Diagram # _____ Schematic Diagram # _____ Other documentation: _____	



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Are there any back feeds? Yes <input type="checkbox"/> no <input type="checkbox"/> Corrective action _____	
Are there any external power sources? Yes <input type="checkbox"/> no <input type="checkbox"/> Corrective action _____	
Have any errors in the drawings been identified? Yes <input type="checkbox"/> no <input type="checkbox"/> Corrective action _____	
<b>Step-By-Step Written Plan Of Work Or Unit/Plant Procedure Covering this Type of Work.</b>	
CAUTION: Work must stop and be re-evaluated if it cannot be executed as planned, or if conditions change. _____	
If more space is needed, attach additional pages also, attach a sketch or drawing if clarification or technical review is required.	
<b>Emergency Response Information:</b>	
Nearest Phone Location _____ Emergency Response Telephone Number _____ Nearest Fire Alarm Box _____	
Fire Extinguisher Location _____ CPR Trained Person _____	
(when a CPR trained person is required, the CPR trained person must be within 4 minutes of the work location)	
Other Communication Needs _____	
I certify that the above have been checked and found satisfactory.	
INITIATOR Name: _____ Date: _____	Sign: _____ Time: _____

<b>2. PERMIT APPROVAL (ISSUER):</b> Please write Yes (Y) or (NA) inside the box for each safety check point below	
<input type="checkbox"/> Equipment tag number is correct	
<input type="checkbox"/> Risk Analysis (JSA) reviewed for the hazard & controls	
<input type="checkbox"/> Job Plan Review with person(s) performing the work.	
<input type="checkbox"/> Following additional hazards & controls identified based on field visit & discussion _____	
Job briefing has been performed YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you agree the above work can be done safely? _____ Yes _____ No (If no, return to requester)	
I certify that all the above safety checks are completed and found satisfactory. The permit is hereby approved and work can start subject to continued compliance to all safety precautions and requirements stipulated in this permit and associated permits and work procedures.	
Name: _____ Date: _____	Sign: _____ Time: _____

<b>CONFIRMATION &amp; ACCEPTANCE (INITIATOR)</b>	
We have inspected the work site on _____ (Date) at _____ (Time) and confirm and accept that all the permit conditions have been complied with and it is safe to start work.	
<b>INITIATOR</b> Name: _____ Sign: _____	<b>CO-PERMITTEE</b> Name: _____ Contractor: _____ Sign: _____

<b>4. WORK COMPLETED (INITIATOR)</b>	
Work Completed on _____ (Date) at _____ (Time) and all personnel and material have been removed and site is clear.	
<b>INITIATOR</b> Name: _____ Sign: _____	<b>CO-PERMITTEE</b> Name: _____ Contractor: _____ Sign: _____

<b>5. PERMIT CLOSER (ISSUER)</b>	
I have inspected the work site on _____ (Date) at _____ (Time) and confirm that the work is completed and conditions at site have been returned to normal.	
<b>ISSUER</b> Name: _____ Date: _____	Sign: _____ Time: _____

**#Note:** Initiator, Issuer and Co-permittee must be electrically qualified and trained person only.

**Restricted Approach Boundary:** The closest approach distance to exposed energized conductors or circuit parts for a qualified person unless using the appropriate plan, procedures, and PPE.

**Prohibit Approach Boundary:** The closest approach distance to the exposed energized electrical conductors or circuit parts by qualified persons.



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# PERMIT For RADIATION Work

**PERMIT VALIDITY:** This permit is valid for **ONE WORKING SHIFT** (Maximum 8 Hours) only. Permit extension must be approved by approving authority only.

<b>A. PERMIT APPLICATION (INITIATOR)</b> Location of Radiation Work: _____ Type of Radiation Work: _____ Source: _____ Strength: _____ Description of Radiation Work: _____ Expected Period of Radiation Work: From _____ To _____ Associated Work Permit: <input type="checkbox"/> Hot Work Permit (No: _____) <input type="checkbox"/> Cold Work Permit (No: _____)					
<b>GENERAL SAFETY CHECKS</b>					
<input type="checkbox"/> The work site has been barricaded <input type="checkbox"/> All Radiation Sources and equipment are approved and licensed by the AERB Govt. of India <input type="checkbox"/> The contractor has been briefed and all necessary safety precautions taken.					
<input type="checkbox"/> The radiation work will be carried out by Licensed Radiation Workers <input type="checkbox"/> Radiation level is < 2.5 mR/hr outside barricaded areas. Verified By Radiation Safety Officer Name & Signature _____ License No. _____					
INITIATOR: Name: _____ Signed: _____ Date: _____ Time: _____					
<b>B. PERMIT APPROVAL (CUSTODIAN)</b> Name of Permit Issuer: _____ Please ensure the safe working condition at the site, confirm for the required isolation required. Approval is given for the above radiation work subject to the compliance with the permit conditions and safety requirements, and all Laws and Regulations governing such radiation work. Name: _____ Signed: _____ Date: _____ Time: _____					
<b>C. PERMIT APPROVAL (ISSUER)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>GENERAL SAFETY CHECKS</b>  <input type="checkbox"/> Equipment tag is correct  <input type="checkbox"/> The work area has been barricaded  <input type="checkbox"/> Warning signs have been displayed  <input type="checkbox"/> Other _____         </div> <div style="width: 48%;"> <b>PERMIT ENDORSEMENT</b>  <input type="checkbox"/> Potential hazards of radiation work have been briefed  <input type="checkbox"/> The proposed safety precautions have been agreed upon.         </div> </div> Permit Issued for the above radiation work subject to the compliance with the permit conditions and safety requirements, and all Laws and Regulations governing such radiation work. Name: _____ Signed: _____ Date: _____ Time: _____					
<b>D. CONFIRMATION AND ACCEPTANCE (INITIATOR)</b> We have inspected the work site and confirmed that the permit conditions and safety requirements have been complied with and it is safe to commence radiation work. <table style="width: 100%;"> <tr> <td style="width: 33%;">INITIATOR Name: _____ Signed: _____</td> <td style="width: 33%;">PERFORMING AUTHORITY Name: _____ Signed: _____</td> <td style="width: 33%;">LICENSED RAD. WORKER (RSO) Name: _____ Signed: _____</td> </tr> </table>			INITIATOR Name: _____ Signed: _____	PERFORMING AUTHORITY Name: _____ Signed: _____	LICENSED RAD. WORKER (RSO) Name: _____ Signed: _____
INITIATOR Name: _____ Signed: _____	PERFORMING AUTHORITY Name: _____ Signed: _____	LICENSED RAD. WORKER (RSO) Name: _____ Signed: _____			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>E. WORK COMPLETED (INITIATOR)</b>  <input type="checkbox"/> Work completed/suspended on _____ at _____  <input type="checkbox"/> Work will resume at _____  <input type="checkbox"/> Work site has been cleared and job completed              Name: _____ Signed: _____            Date: _____ Time: _____         </div> <div style="width: 48%;"> <b>PERMIT EXTENSION (ISSUER)</b>  <input type="checkbox"/> Work site has been re-surveyed and permit conditions have not changed            Permit extension is granted from _____ to _____            Name: _____ Signed: _____            Date: _____ Time: _____         </div> </div>					
<b>F. PERMIT CANCELLATION</b> <input type="checkbox"/> Permit canceled on work completion <input type="checkbox"/> Permit canceled on violation of permit conditions and safety requirements <input type="checkbox"/> Permit canceled on plant emergency Name: _____ Signed: _____ Date: _____ Time: _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"></div> <div style="width: 48%;"> <b>IMPORTANT NOTES</b>            1. The permit is automatically suspended on plant emergency or unsafe conditions at work site.            2. No radiation waste is allowed to be disposed of on site.         </div> </div>					



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### Critical Safety Equipment Disabling Notification

Ref. Permit No

Sr No

Section

Department

Details of the critical Safety equipment being disabled.....

Person coordinating the disablement.....

Contact No .....

Purpose .....

Duration of disablement

Date

Time

From

to

Alternative protection during disablement

1

2

3

Specific instructions during disablement

1

2

3

list of affected employees (please write names and signature)

1

2

3

4

5

6

Note : All the affected employees need to be formally notified about disabling of critical Safety equipment . Signed copy of all the affected person should be attached with SWP.





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Co Logo	Co + Unit name	Work Permit deviation Approval Request	Rev No : Sr No.
Plant / Area :	Date :	Time: __:__ AM / PM	
Initiator :	Department	Permit No	
Description of Work			
<b><u>Description of Deviation</u></b>			
<b><u>Reasons for Deviation</u></b>			
<b><u>Precaution taken to mitigate risk of Deviation</u></b>			
Comment and Signature			
Initiator	Custodian	Issuer	Plant / Mine Head



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Lifting & Shifting of Equipment &  
Material Work Permit



Sr. No.

Brief description of the work (INITIATOR): _____			
Type of Vehicle <input type="checkbox"/> Wheel mounted <input type="checkbox"/> Telescopic <input type="checkbox"/> Lattice Boom <input type="checkbox"/> Crawler <input type="checkbox"/> Others(Specify) <input type="checkbox"/>			
Plant & Location: _____; Period of work From : _____ (Date) _____ (hrs) ; To: _____ (Date) _____ (hrs)			
Associated Permit(s):		Cold Work Permit (S/No. _____) <input type="checkbox"/> Hot Work Permit (S/No. _____) <input type="checkbox"/> GESM Work Permit (S/No. _____) <input type="checkbox"/> Work at Height Permit (S/No. _____) <input type="checkbox"/> Other : _____ <input type="checkbox"/>	
<b>GENERAL SAFETY CHECKS</b>			
S.N.	Check points	Y	NA
1	JSA available and attached to this permit		
2	Is Lifting plan made for the Job		
3	Is capacity loading is at or below 75% of load chart value		
4	Is crane slewing or moving free from obstruction		
5	Is weather condition safe for lifting		
6	All crane lifting tackles, hook and accessories are certified and visually inspected for good condition		
7	All employees involved in the job are trained in Lifting & Shifting Load procedure		
8	Ensure no one including crew is under suspended load and in Line of Fire		
S.N.	Check points	Y	NA
9	Is any overhead electrical line passing through working area?		
10	Is the Lift area is barricaded		
11	Is load centre of gravity is known (Else, start lift after ascertaining the same by proper rigging)		
12	One signal man and Rigger are designated & a proper communication medium is established like Walkie Talkie ,Hand Signal with line of sight		
13	Is the crane annual inspection report verified.		
14	Is Lift area free from any flammable material and other conflicting activities		
15	Are outriggers set on solid ground away from excavation, pits, drains & cable trenches		
16	Is Operator's daily checklist inspected for healthiness of Crane		
I certify that the above have been checked and found satisfactory.			
INITIATOR Name _____		Sign _____	
Date _____		Time _____	
<b>2. PERMIT APPROVAL (ISSUER): Please write Yes (Y) or (NA) inside the box for each safety check point below</b>			
<input type="checkbox"/> JSA reviewed for the hazards & controls identified			
<input type="checkbox"/> Following additional hazards & controls identified based on field visit & discussion: _____			
I certify that all the above safety checks are completed and found satisfactory. The permit is hereby approved and work can start subject to continued compliance to all safety precautions and requirements stipulated in this permit and associated permits and work procedures.			
Name: _____		Sign: _____	
Date: _____		Time: _____	
<b>3. CONFIRMATION &amp; ACCEPTANCE (INITIATOR)</b>			
We have inspected the work site on _____ (Date) at _____ (Time) and confirm and accept that all the permit conditions have been complied with and it is safe to start work.			
<b>INITIATOR</b>		<b>CO-PERMITTEE</b>	
Name _____		Name _____	
Sign _____		Contractor _____	
		Sign _____	
<b>4. WORK COMPLETED (INITIATOR)</b>			
Work completed on _____ (Date) at _____ (Time) and all personnel and material have been removed and site is clear.			
<b>INITIATOR</b>		<b>CO-PERMITTEE</b>	
Name _____		Name _____	
Sign _____		Contractor _____	
		Sign _____	
<b>5. PERMIT CLOSURE (ISSUER)</b>			
I have inspected the work site on _____ (Date) at _____ (Time) and confirm that the work is completed and conditions at site have been returned to normal			
Name _____		Signed _____	
Date _____		Time _____	





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### Appendix - A

#### SPECIAL AUTHORIZATION FOR HOT JOB IN CRITICAL AREAS

<b>Job to be done</b>		<b>Authorization No.....</b>	
General Permit to Work No. :			
Section of plant or site:		Equip. name/number:	
Description of job to be done _____			
<b>Equipment to be used:</b> <i>(tick where required)</i>			
<input type="checkbox"/> Electric Arc Welder	<input type="checkbox"/> MIG/TIG welder	<input type="checkbox"/> Butane/ Propane	<input type="checkbox"/> Other
<input type="checkbox"/> Oxy Acetylene Torch	<input type="checkbox"/> Cutting/soldering	<input type="checkbox"/> Grinder, Drop saw	
<b>Flammable Gas testing</b>			
Is the presence of flammable gases or vapors possible?		Yes _____	No _____
If yes, mention flammable gas test result :			--- %LEL
Signature of person performing test: _____		Date: _____	Time: _____
Flammable gas test is required PERIODICALLY/CONTINUOUSLY while the work is in progress. ( Every two hours )			
<b>Fire</b>			
Is Fire Watcher deputed?		Yes: _____	No: _____
Name of the Fire Watcher : _____			
The following fire protection equipment will be set up ready for use at a safe distance from the work:			
Fire hose ready to use:	_____	Fire extinguisher:	_____
Other fire protection system :			
<b>Safety Precautions</b> <i>(tick where required)</i>			
Assessment	Protective Equipment	Additional/ Attachments if any	
<input type="checkbox"/> Risk Assessment Complete	<input type="checkbox"/> Eye protection	<input type="checkbox"/> Confined space permit	



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<input type="checkbox"/> Communication done	<input type="checkbox"/> Leathers (apron spats, gloves)	<input type="checkbox"/> Work at Height permit
<input type="checkbox"/> Area cleaning / purging done	<input type="checkbox"/> Barricading & signage	<input type="checkbox"/> Isolation & lockout
<input type="checkbox"/> Ventilation (supplied ventilation) <input type="checkbox"/> Rescue Plan	<input type="checkbox"/> Other ----- <input type="checkbox"/> -----	<input type="checkbox"/> Excavation Permit / Others.....

**Authorization : I certify that ,**

1. The building, area or plant item is positively isolated from every dangerous source of gas, liquid, dust and motive power.
2. The Fire watcher has been briefed on his or her duties.
3. The building, area or plant item described above has been inspected by me and is, in my opinion, in a clean and safe condition for the above job to be performed, provided the conditions and precautions listed above are observed.

Signature of Custodian: _____	Date: _____	Time: _____
Signature of authorized person: _____		

**Recipient**

I have read this authorization and have understood the hazards and precautions to be taken in carrying out hot job in the area. I undertake to comply with the conditions of authorization and to explain these conditions to the people working with me on the job.

Signature of Initiator / recipient: _____	Date: _____	Time: _____
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Unit Head .....

Date.....

Time.....