

Format No.:

Permit is applicable of the any work at height above 6 foot from floor level.

Permit No.	Name of Contractor / Company		Applicant Name			
Level of Working Height	Description of work					
Permission for Day shift	Permission for Night Shift	Contractor license No. & date	Nos. of Peoples Deployed	Location / area where work	Start time	End Time
Name of Person / Operator			Age	Remarks, if any		
Safety Measures / Precautions / conditions of workman						
Sr. No.	Points		Condition			
01	Any Operator is pertinent of Blood pressure, heart disease or any disease?					
02	All operators are used personal protective equipments like safety belts, hand gloves, safety shoes etc...?					
03	All operators are wearing tight fitting cloths?					
04	Lighting is available? Operators are working in night shift? Premise given for night shift?					
05	Fences or any other safety requirement?					
06	Sign boards – for work on progress are deployed?					
07	Supporting equipments will be provided by us? Or Contract people arrange all?					

Signature of Operator:

Signature of Department / Area Head:

Signature of Maintenance – Mechanical Head:

Signature of Maintenance – Electrical head:

Signature of M.R. (Environment Health & Safety):

Date: