



SAFETYWORKCLEARANCE		Permitno.
Project:		EmergencyContactNos:
BHELSub-contractor:		

GENERAL WORKPERMIT

Areaof work:_____ Date:_____ Time:_____

_____ Name ofSub-_____

ContractorSiteEngineer(PermitRequestingAuthority):_____ Sign:_____ Name_____

ofWorkPerformingContractor:_____

_____ Name ofPackage Incharge:_____

_____ Sign:_____ Date:_____ Description ofWork: _____

DurationofWorkExecution*:FromTime:_____ Date:_____ toTime:_____ Date:_____

The abovesigningperson(s)willberesponsibletoensurethattheabovedescribedworkwill bedoneunderallthesafetyprecautionsmentionedon thepermit to work.

Thefollowingprecautionsareto be taken:

No.	Item	Yes	Not required/ Remarks
	JobSpecificPermitRequired:		
1.	HeightWork PermitRequired		
2.	HotWork PermitRequired		
3.	ConfinedSpaceWork PermitRequired		
4.	ExcavationWork PermitRequired		
5.	RadiationWork PermitRequired		
6.	Heavy /Complex/CriticalLiftingActivityPermitRequired		
7.	NightWork/ HolidayWork PermitRequired		
8.	Loading /UnloadingPermitRequired		
9.	Grating / Safety Net/ SafetyFacility RemovalPermitRequired		
10.	Lockout /TagoutRequest PermitRequired		
11.	Other Permit required. Pl specify:		
	SpecificPPEsfortheActivity:		
1.	DustMask/ other respiratoryequipmentrequired. List details:		
2.	Weldingand/or Grinding Shield required.		
3.	Gloves:Leather () / PVC() /Welding ()		
4.	OtherPPE,List:		
	ProcedureRequired:		
1.	OCP No. Ref :		

Name ofSub-ContractorSafetyOfficer:_____ Sign:_____ Date:_____ Time:_____

ReviewedandapprovedbyBHEL Site Engineer (PermitIssuingAuthority):

Name:_____ Sign:_____ Date:_____ Time:_____ Name ofBHEL
Safety Representative:_____ Sign:_____

Iunderstandtheprecautiontobetakenasdescribedaboveandasperprojectrequirementandherebyconfirmthatworkwillbeexecutedunder my supervision by followingallprecautionandSafetyRules.

Name of WorkPerformingAuthority:_____ Sign:_____ Date:_____ Time:_____

Permit Cancellation/ Closure:

Iherebydeclarethattheworkiscancelled/complete,allworkersundermycontrolhavebeenwithdrawnandthesiterestoredtosafetidyconditio n.

Name ofWorkperformingAuthority:_____Sign:_____Date:_____Time:_____

_____Name ofSCSiteEngr. (PermitRequestingAuthority):_____

_____Sign:_____Date:_____Time:_____

_____Name of BHEL SiteEngr.(PermitIssuingAuthority):_

_____Sign:_____Date:_____Time:_____

(This permit isvalid onlyformax. 15days)

OriginalatBHELSsite	SecondCopy–BHELSAFETY	ThirdCopy:BHELSub-Contractor
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