



SAFETYWORK CLEARANCE		PermitNo.
Project:	EmergencyContactNos.	
Sub-contractor:		

CONFINEDAREAWORKPERMIT

Area:_____Date:_____Time:_____

 _____Name of SiteEngineer(PermitRequesting Authority):_____

 _____Sign:___Name_____ofWork

 PerformingContractor:_____

 _____Name ofPackage Incharge:_____Sign:_____

 _____Date:_____Description ofWork:_____

WorkExecutionDate:_____Time Validfrom:_____to_____

 Theabovesigningperson(s)willberesponsibletoensurethattheabovede

 scribedworkwillbedoneunderallthesafetyprecautionsmentionedonthepermittowork.

The followingprecautionsareto be taken:

No.	Item	Yes	Not Required(Why)
1	Adequatesupplyofoxygen		
2	Breathingapparatusworn,operativestrained.		
3	Forcedventilationprovided.		
4	Atmospheretestedforoxygenand.Continuousmonitoring		
5	Safetyharness/lifelineprovidedasrequired.AllPPEandsafe		
	tyequipmentcheckedandworking.		
6	Adequateaccess/egress.		
7	Areafreefromtoxicflammablesubstances.		
8	Emergencyproceduresandrescueequipmentinplace		
9	Warningsigns/barriers.		
10	Adequatesupervisionensured		
11	Flameproof/Intrinsicallysafelighting.		
12	Isolationfromgases		
13	Liquidflowsstopped/sealed.		
14	Protectiveclothingworn.		
15	Firstaidinattendance.		

NameofContractorSafetyOfficer:_____Sign:_____Date:_____Time:_____

ReviewedandapprovedbyBHELSiteEngineer(PermitIssuingAuthority):

Name:_____Sign:_____Date:_____Time:_____

 _____Name of BHELSafetyRepresentative:_____

 _____Sign:_____

I understandtheprecaution tobe takenas describedaboveand asperproject requirementand herebyconfirmthatworkwillbeexecuted under

 mysupervision byfollowing allprecaution and SafetyRules.

NameofWorkPerformingAuthority:_____Sign:_____Date:_____Time:_____

PermitCancellation:

I herebydeclarethatthe workiscomplete, allworkersundermycontrolhave beenwithdrawn and thesiterestoredtosafe tidycondition.

NameofWork performingAuthority:_____Sign:_____Date:_____Time:_____

Name of Site Engr. (Permit Requesting Authority): _____

Sign: _____ Date: _____ Time: _____

Name of BHEL Site Engr. (Permit Issuing
Authority): _____ Sign: _____ Date: _____ Time: _____

(This permit is valid only for the date it is issued)

Original at BHEL Site	Second Copy: BHEL Safety	Third Copy: Contractor
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