



SAFETYWORKCLEARANCE		Permitno.
Project:		EmergencyContactNos:
BHELSub-contractor:		

RADIATION 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
1.	All the persons atthesiteinformed/removed fromthe area.		
2.	Areaaround thesourceofradiation cordoned offwith therope/chord.		
3.	Radiationwarning symbol/boards displayedaround radiographyworkon rope/chord.		
4.	Radiographerwornradiation badgesduring testingandis within safelimits.		
5.	Radiographycamera andcarrying caseboxhaving radiationsymbol.		
6.	Radiation SurveyMeterisin working condition,calibrated&withinvalidity period.		
7.	Radiographerhasvalid certificatefrom BARC.		
8.	Blinking lightprovided onroadduring radiography(indarkhours).		
9.	Properrequiredillumination provided		
10.	SafeaccessandworkingplatformprovidedtoconductRTwork		
11.	All the persons involved inRadiographywork areaware ofthehazardofradiation		
12.	Other:		

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

ReviewedandapprovedbyBHEL Site Engineer (PermitIssuingAuthority):

Name:_____ Sign:_____ Date:_____ Time:_____ Name of BHEL 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:_____

(*Permitvalidsubjecttodailyrenewalasperoverleafinstructions)

OriginalatBHELsite	SecondCopy–BHEL SAFETY	ThirdCopy:BHELSub-Contractor
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PERMIT RENEWAL

Sl.No.	Extension Period		Signature of Contractor Site Engineer	Signature of Contractor / BHEL Safety Officer
	Date From.....	(Time-Hrs) From.....		
	To.....	To.....		
1.				
2.				
3.				
4.				
5.				
6.				

TO BE SIGNED JOINTLY BY THE CONTRACTOR HSE & EXECUTION AFTER THE WORK IS OVER

Permit is here by returned / closed after completing the job.

Site Engineer, Contractor	Site HSE Engineer, EPC Contractor
Certified that the subject work has been completed/stopped and the area is cleaned.	Certified that the subject work has been completed/stopped and the area is cleaned.
Signature (With Dt. & Time):	Signature (With Dt. & Time):
Name:	Name:

General Instructions:

1. Permittee to observe precautions as mentioned on pre-page, mentioned by concerned discipline coordinator.
2. Permit must be available at the site all the time during work with permit receiver.
3. This Permit is valid for maximum 7 days or as indicated. Every day permit shall be renewed before start of the shift by EPC contractor both HSE and Site Engineer.
4. Work location to be constantly supervised by Contractor and BHEL HSE and Execution, to ensure precautions as per this Permit and other HSE requirements.