



SAFETYWORKCLEARANCE		Permitno.
Project:	EmergencyContactNos:	
BHELSub-contractor:		

GRATING/SAFETYNET/SAFETYFACILITYREMOVALPERMIT

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)will beresponsibletoensurethattheabovedescribedworkwill bedoneunderallthesafetyprecautionsmentionedon thepermit to work.

Thefollowingprecautionsareto be taken:

No.	Item	Yes	Not required/ Remarks
1	Has the areabeenhardbarricaded (tape/rope not to be used), to cordoned off area		
2	Has signage been displayed to caution others of the hazard		
3	Has proper illumination been arranged to ensure area is well lit as required		
4	Are personal fall arrest systems being used around hole-opening as required?		
5	Is a structurally solid hole-cover, marked with do not remove notice being used		
6	Has the grating been properly installed with clamp/nut & bolt/welded		
7	Others.		

Name of Sub-Contractor Safety Officer:_____Sign:_____Date:_____Time:_____

Reviewed and approved by BHEL Site Engineer (Permit Issuing Authority):

Name:_____Sign:_____Date:_____Time:_____Name of BHEL Safety Representative:_____Sign:_____

I understand the precaution to be taken as described above and as per project requirement and hereby confirm that work will be executed under my supervision by following all precaution and Safety Rules.

Name of Work Performing Authority:_____Sign:_____Date:_____Time:_____

Permit Cancellation/ Closure:

I hereby declare that the work is cancelled/complete, all workers under my control have been withdrawn and the site is restored to a safe condition.

Name of Work performing Authority:_____Sign:_____Date:_____Time:_____Name of SC Site Engr. (Permit Requesting Authority):_____Sign:_____Date:_____Time:_____Name of BHEL Site Engr. (Permit Issuing Authority):_____

_____. Sign: _____ Date: _____ Time: _____

(*Permit valid subject to daily renewal as per overleaf instructions)

Original at BHEL site

Second Copy - BHEL SAFETY

Third Copy: BHEL Sub-Contractor

PERMIT RENEWAL

Sl.No.	Extension Period		Signature of Contractor Site Engineer	Signature of Contractor /BHESafety 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.