

DOC. NO.	COR-HSE-HSE-P314
REVISION NO.	2.0
EFFECTIVE DATE	18-01-2021
PAGE	1 of 2

TITLE	PERMIT TO WORK
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REF NUMBER : SATSSB/HSE/PTW / /

SECTION 1 : DETAILS OF CONTRACTOR*

Contractor's Name		Phone No.	
Company's Name		Work Area	
No. of Worker			
Work Description			

SECTION 2 : AREA CLASSIFICATION* **SECTION 3: PERMIT VALIDITY***

Airside	Terminal	Landside	From	To	Max. 1 Month
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SECTION 4: TYPE OF WORK*

<input type="checkbox"/> Cold Work	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Lifting Work
<input type="checkbox"/> Hot Work	<input type="checkbox"/> High Voltage Electrical	<input type="checkbox"/> Excavation
<input type="checkbox"/> Working at Height	<input type="checkbox"/> Others (Please specify):	

SECTION 4A: CONFINED SPACE ENTRY* (If applicable)

Entry Condition	Pre-Entry Gas Monitoring	O ₂ (%)	LEL (%)	CO (ppm)	H ₂ S(ppm)
<input type="checkbox"/> Respirable Atmosphere	Type of Gas Detector	19.5 ≤ O ₂ ≤ 23.5	≤10	≤25	≤10
<input type="checkbox"/> Harmful Atmosphere	Calibration Validity				
<input type="checkbox"/> Irresponsible atmosphere					
<input type="checkbox"/> Others: (Please specify)	Authorized Gas Tester				
	Signature				

Confined Space Entry Precautions **Type of Communication**

<input type="checkbox"/> Entry Supervisor	Name:	<input type="checkbox"/> Lifeline	<input type="checkbox"/> Adequate Lighting
<input type="checkbox"/> Standby person	Name:	<input type="checkbox"/> Walkie Talkie	<input type="checkbox"/> Continuous Ventilation
<input type="checkbox"/> Authorized Entrant	No. of Pax:	<input type="checkbox"/> Entry status board / log book	<input type="checkbox"/> SCBA
<input type="checkbox"/> Gas monitoring	Every _____ Hours	<input type="checkbox"/> Rescue equipment	<input type="checkbox"/> Whistle
<input type="checkbox"/> Others (Please specify):			

SECTION 5: HAZARDS / HAZARDOUS ACTIVITIES*

<input type="checkbox"/> Gas & Fume	<input type="checkbox"/> Dust Powder	<input type="checkbox"/> Excavation
<input type="checkbox"/> Volatile Liquid Under Pressure	<input type="checkbox"/> Hot Surface	<input type="checkbox"/> Radiography
<input type="checkbox"/> Chemical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Pressure test
<input type="checkbox"/> H:S	<input type="checkbox"/> Working at Height	<input type="checkbox"/> Saw/ cold cut
<input type="checkbox"/> Steam	<input type="checkbox"/> Interlock by Pass	<input type="checkbox"/> Pneumatic tools
<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Lifting	<input type="checkbox"/> Noise
<input type="checkbox"/> Others (Please specify):		

SECTION 6: WORKSITE PREPARATION / PRECAUTIONS*

<input type="checkbox"/> Safety Checklist	<input type="checkbox"/> Area roped off-barricaded	<input type="checkbox"/> Fire extinguisher
<input type="checkbox"/> Scaffold erected/safe to be used	<input type="checkbox"/> Lock out/Tag out	<input type="checkbox"/> Depressurized
<input type="checkbox"/> Warning Sign	<input type="checkbox"/> Secure tools/materials againsts falling	<input type="checkbox"/> Equipment/Electrical/Mechanical Isolation

SECTION 7: PERSONAL PROTECTIVE EQUIPMENT*

Mandatory	Eye, Face & Body Protection	Fall Protection
<input type="checkbox"/> Safety Helmet	<input type="checkbox"/> Goggles	<input type="checkbox"/> Full body harness
<input type="checkbox"/> Safety shoes	<input type="checkbox"/> Face shield	<input type="checkbox"/> Fall arrester
<input type="checkbox"/> Safety reflective vest	Hand Protection	Hearing Protection
Respiratory Protection	<input type="checkbox"/> Safety gloves	<input type="checkbox"/> Ear muff
<input type="checkbox"/> Respirator	Others (Please specify):	
<input type="checkbox"/> Dust Mask		

SECTION 8: DECLARATION*

I hereby confirm that all measures as specified above and all instruction stated in this work permit will be followed, intolerable risk subjected to any violation of this permit's requirement may cause work process stopped.	Agreed by - Contractor	
	Signature	
	Name	
	Designation	

FOR SATSSB OFFICE ONLY

SECTION 9: PERMIT VERIFICATION

Agreed by - Project Owner		Approved by - HOD		Approved by - HSE	
Signature		Signature		Signature	
Name		Name		Name	
Designation		Designation		Designation	
Date/Time		Date/Time		Date/Time	

SECTION 10: PROJECT COMPLETION

<input type="checkbox"/> Work Completed			
<input type="checkbox"/> Housekeeping Completed			
<input type="checkbox"/> Incomplete hand back (Equipment status, reason for hand-back, etc): <i>Kindly Specify</i>			
Verified by - Project Owner		Accepted by - HSE	
Signature		Signature	
Name		Name	
Date/Time		Date/Time	

