

Institute for Plasma research

PERMIT TO WORK SR. NO.

PERMIT TO WORK

| WORK DESCRIPTION: | | | | | | | | | |
|--|----------------------------|---|-------------------------------|---|--|---|--------------|--|---|
| WORK LOCAT | | | | | /ALID DATE : | | | | |
| VALID TIME : From to | | | | | | | | | |
| WORK CATEGORY (PLEASE ✓ MARK IN APPROPRIATE COLUMN): | | | | | | | | | |
| ELECTRICAL WO | CONFINED SPACE ENTRY | | D SPACE | LIFTING ACTIVITIES | | WORKING AT HEIGHT | | HOT WORK | EXCAVATION WORK |
| FOLLOWING F | OIN. | TS MUST | BE ENS | JRED BEFORE | STAR | T OF WOR | K. | | |
| [] Equipment / work area Inspected. [] Equipment electrically/mechanically isolated and tagged. Tag No.: for electrical isolation. [] Fire fighting arrangement done. [] Area Cordon off? Precautionary tags/ boards provided | | [] Equipment properly drained / Depressurized [] Equipment properly purged with nitrogen [] Proper ventilation and lighting provided [] Tool box talk conducted [] Equipment/area free from flammable materials? O ₂ %athrshrs | | [] Area Cordon of Precautionary tag boards provided [] Communication arrangement ava [] Standby person Supervisor is ava [] Ladder attenda [] Scaffolding requested. [] Tools inspected [] Lifting device/s ropes checked. [] Valid certifical lifting equipment checked [] Tool box talk conducted | off? Precautionary tags/ boards provided lant quired / have height phobia led. I sling / light tags/ boards provided I Ensure person does in have height phobia I Tools properly tightened to avoid to fall from height, I Tool box tages. | | ry s not | [] Checked for any combustible materials near work area. [] Welding machine checked for safe location [] Fire fighting arrangement done. | [] Proper means of exit provided, [] Appropriate excavation procedure to be followed. [] Tool box talk conducted |
| Any other work | cate | gory(pl. sp | ecify): | | | | | | |
| | Maint. Chem. | Goggles Mask | Face sh PVC A _l | pron Ear Mu | g Shield uff/ Ear P | Hand C lug SCBA | | | ody safety harness /Dosimeter |
| | Contractor Name & Address: | | | | | | | | |
| Work Permit issued to | | | | | | | | | |
| PERMITEE (IPR employee who will carry out or under his/her supervision the work will be done) | | | | Work Permit Authorized by (Group Leader/Division Head) | | Safety check done by Safety Co-ordinator / Safety Officer (For Confined Space Entry or in absence of safety co-ordinator) | | | |
| Name: | | | | Name: | | Name: | | | |
| Designation: | | | | Designation: | | | Designation: | | |
| Signature: | | | | Signature: | | Signature: | | | |
| Date: | | | | Date: | | Date: | | | |
| Tele./Mob: | | Tele. /Mob : | | Tele. /Mob: | | | | | |
| CONTINUATION OF WORK (If work needs Work may continue Time | | | | | | | | | |
| Work may continue until | | Tim | ie | Permitee | | Group Leade Division Head | | Safety Co-Ordinator / Safety Officer | |
| Sr. No. Date | Sr. No. Date | | То | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| WORK COMPL | | | d by this so | rmit & cortifu that th | o work h | as boon comm | alotod | and the area is se | e for normal working |

to resume.

Signature of Permitee ... Signature Group Leader/Division Head: Time of Closing:

SPECIAL INSTRUCTIONS:

- 1. In case of fire alarm, all work must be stopped and all personnel must leave work site and proceed to Assembly Point.
- In case of liquid / gas release, stop work immediately and inform concerned area in-charge.
 This permit must be available at the work site at all times.
- 4. Hot work is allowed till sunset. However, cold work is allowed after sunset, which is to be authorized by GL/DH.