



PERMIT TO WORK (PTW)

Project:		Applicant Date:					
Contractor Company Name:		Date Start Work:					
Applicant's Name & Signature:		Date of Completion:					
Contact No:		Time Start: am/pm					
Location :		Time Finish: am/pm					
BRIEF DESCRIPTION OF WORK							
Description:							
SOP / WI review or reference: YES/NO (please state title):							
NATURE OF HAZARDOUS WORK TO BE DONE							
Hot Work (Welding)	<input type="checkbox"/>	Demolition Work	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	Machine Relocation	<input type="checkbox"/>
Major Electrical Work	<input type="checkbox"/>	Blasting Work	<input type="checkbox"/>	Major Excavation	<input type="checkbox"/>	Lifting Works	<input type="checkbox"/>
Working At Height	<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>				
TYPE OF HAZARDS ASSOCIATED WITH THIS WORK PTW							
Slipping / Tripping	<input type="checkbox"/>	Pinch Points	<input type="checkbox"/>	Flying Particles	<input type="checkbox"/>	Insufficient Lighting	<input type="checkbox"/>
Falling	<input type="checkbox"/>	Temperature Extremes	<input type="checkbox"/>	Low Oxygen	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>
Falling Objects	<input type="checkbox"/>	Chemical / Corrosive	<input type="checkbox"/>	Heavy Lifting	<input type="checkbox"/>	High Noise level	<input type="checkbox"/>
Struck By	<input type="checkbox"/>	Explosive Gas / Vapors	<input type="checkbox"/>	Energy Sources (Electrical)	<input type="checkbox"/>	Pressure	<input type="checkbox"/>
Caught In-Between	<input type="checkbox"/>	Isolation	<input type="checkbox"/>	Poisonous Gas / Vapors	<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>
PERSONAL PROTECTIVE EQUIPMENT (PPE) THAT MUST BE WORN							
Goggles	<input type="checkbox"/>	Safety Shoes	<input type="checkbox"/>	Safety Helmet	<input type="checkbox"/>	Harness	<input type="checkbox"/>
Breathing Apparatus	<input type="checkbox"/>	Face Shields	<input type="checkbox"/>	Rubber Shoes	<input type="checkbox"/>	Ear Plug	<input type="checkbox"/>
Mask	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	Respirator	<input type="checkbox"/>
Safety Vest	<input type="checkbox"/>	Eye Protection	<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>		
PLEASE COMPLY TO THE SAFETY REQUIREMENTS BELOW							
Provide fire extinguisher	<input type="checkbox"/>	Remove combustible materials	<input type="checkbox"/>	Portable gas detector	<input type="checkbox"/>		
"No Entry" signage	<input type="checkbox"/>	Certificate/permit/competency required	<input type="checkbox"/>	Use barricade	<input type="checkbox"/>		
Adequate ventilation	<input type="checkbox"/>	Needs contractors/project engineer supervision	<input type="checkbox"/>	Safety signage	<input type="checkbox"/>		
Buddy system	<input type="checkbox"/>	Construction/renovation in progress & pic/signage or stand	<input type="checkbox"/>	Standby person	<input type="checkbox"/>		
"No Smoking" signage	<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>	Access/escape route	<input type="checkbox"/>		
ASSESSMENT & APPROVAL BEFORE START OF WORK							
I am satisfied that the work has been safely planned.							
Site Representative (Name, Sign & Date):				OSH Representative (Name, Sign & Date):			
INSPECTION DURING WORK IN PROGRESS						CLOSE OUT DETAILS	
Reason for Permit Suspension:						Name:	
Suspended by (Name, Dept. & Sign):						Date:	
Safety systems have been uninhibited. In the case of Isolation full function has been restored.						Sign:	
Project Manager / Manager or OSH Representative:							

Detail of Workers

Name	Nationality	I.C/Passport No.

Remarks: