




Sr. no \_\_\_\_\_ Starting Date \_\_\_\_\_ End Date \_\_\_\_\_

Project Name:		Contractor:			
Activity:		Location:			
Start Date and Time		Estimated Finish Date and Time:			
Be sure to ask the following and review the job risks while working at height before starting the work in nights at heights, duly fill the formats and get it approved by site in charge.		Tick whether any of the following are required.			
		Personal protective equipment:		Special equipment & permits	
Have you walked the work area?	Yes / No		Fall protection		Confined space
Are there any barricades needed, around, above or below?	Yes / No		Hearing protection		
Is work around live electrical equipment identified - e. G. Fire extinguisher, phones, chemical shower etc.	Yes / No		Footwear		Excavation
Are evacuation routes known and clear?	Yes / No				
Have all necessary people been contacted?	Yes / No		Eye / face		Energized electrical work
Has the safe work method been prepared?	Yes / No				
Is the area congested with other trades?	Yes / No		Respirator		High voltage
Are shop drawings at hand?	Yes / No		Dust		
Are enough people assigned to the job to carry out the safety measures?	Yes / No		Hand / Arm		Hot work
Does the task require special permits to work or procedures?	Yes / No				
Does the task require special training? What?	Yes / No		Knee pad		

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 <b>NISHE</b> National Institute of Safety, Health & Environment	Document Title:-	Document No
	Safety Induction Training for	Date

Is the arrangement for task lighting sufficient and safe?	Yes / No	Full Body		
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Will weather conditions affect the safe conduct of the work?	Yes / No	Rescue equipment		
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Is work at height hazards identified for all stages of the task?	Yes / No			
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Are there adequate tools & materials for the job?	Yes / No	Comments:		
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Are there any wastes generated? Are any fluids flushed or spilt. Do they require special disposal or reuse?	Yes / No			
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Have all electrical equipment & cables been inspected prior to use?	Yes / No	Prepared by:		
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Have all workers been trained in the proper use of safety equipments.	Yes / No	Date:		
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**PERMIT AUTHORIZED BY**

**SUPERVISOR**

NAME & SIGNATURE

NAME & SIGNATURE

**CLOSING OUT OF THE PERMIT**

I hereby return this permit after safe completion of the job on \_\_\_\_\_

Name & Signature of Permit Applicant \_\_\_\_\_ dated \_\_\_\_\_

