



PERMIT NO -

NO OF PERSONS -

PROJECT NAME:		Contractor:			
Activity:		Location:			
Start Date and Time		Estimated Finish Date and Time:			
The above location has been examined, The precautions mentioned below has been taken to prevent fire		Tick whether any of the following are required.			
		P P E:		Additional Work Permits required (YES/NO)	
ELECTRICAL ISOLATION		Boiler suit	Yes/No	Working at Height	Yes/No/NA
Isolation required if any, details of equipment isolated	Yes/No/NA				
Defective Electrical Cables if any	Yes/No/NA	Safety Shoes	Yes/No	Confined Space Entry Permit	Yes/No/NA
Electrical control panel properly covered	Yes/No/NA	Welding goggles/welding hood	Yes/No	Excavation Permit	Yes/No/NA
GENERAL PRECAUTIONS	Yes/No	Leg guard	Yes/No		
Is Fire Extinguisher in good working condition?	Yes/No	Cutting goggles	Yes/No		
Is welding & Cutting set in good working condition?	Yes/No				
Oxy-Acetylene Gas Cylinders kept in proper trolley?	Yes/No				
Welder provided with all necessary PPE?	Yes/No				
Oxy-Acetylene cutting set fitted with Flash back arrestor?	Yes/No				
All wall and floor openings covered with fire blanket/sheet metal to prevent hot slag from falling down?	Yes/No				
Is the welding Generator in the vicinity of welding activity?	Yes/No				
FIRE WATCH	Yes/No				
To be provided during work & 60 minutes after work?	Yes/No				



NISHE
National Institute of Safety, Health & Environment

Document Title:-
Safety Induction Training for

Document No

Date

Supplied with fire Extinguisher/sand bucket?	Yes / No			
Is the person trained to use F/E & in sounding alarm?	Yes / No			

I HAVE PERSONALLY EXAMINED THE AREA & CERTIFY THAT THE ABOVE MENTIONED PRECAUTIONS HAVE BEEN TAKEN.

NAME & SIGNATURE OF WELDER

PERMISSION IS GRANTED FOR THIS WORK

NAME & SIGNATURE OF PERMIT APPLICANT

FINAL CHECK-UP

WORK AREA & ALL ADJACENT AREAS ARE THOROUGHLY CHECKED FOR SPREADING OF SPARKS & HEAT MAY SPREAD (SUCH AS FLOORS ABOVE & BELOW AND OPPOSITE SIDES OF WALLS) WERE INSPECTED FOR ATLEAST 60 MINUTES AFTER THE WORK HAS BEEN COMPLETED AND WERE FOUND TO BE 100% SAFE

NAME & SIGNATURE OF WELDER

SUPERVISOR FOR THIS PERMIT

NAME _____

SIGNATURE _____

CLOSING OUT OF PERMIT

I HEREBY RETURN THIS PERMIT AFTER SAFE COMPLETION OF THE JOB ON _____

Name & Signature of the Permit Applicant _____

Dated _____