

WP S.No.....

At _____

- ☐ Preventive Maintenance
- ☐ Productive Analysis
- ☐ Annual Turn Around

1 Has the Tool Box Talk been conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Has the equipment been properly de-energized & tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Is the breaker locked and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 If not, have the circuit breaker output leads been disconnected & Tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ensured that the equipment does not start from the local on/off switch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Has the equipment where work is to be done identified by the Performing Technician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Will the Electrician work on live circuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Has Explosivity in the area been checked out for working on live circuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Has a stand by maintenance person been appointed for working on live circuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Have you instructed the Electrician about the safe procedure of this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Have you instructed the Electrician to use insulated electrical tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Have the unit affected by the work been 'notified'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Is scaffolding arranged for safe execution of job? (Attach checklist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Is JHA required and attached to complete this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Who will monitor the operating conditions? _____			
16 Fire Fighting arrangements: _____			
17 Equipment to be use: _____			
18 Reference of Power Isolation Slip & LO/TO: _____			
19 Personal Protective Equipment requirement			
<input type="checkbox"/> Helmet	<input type="checkbox"/> Goggles	<input type="checkbox"/> Apron	
<input type="checkbox"/> Coverall	<input type="checkbox"/> Gas Mask/ Respirator	<input type="checkbox"/> Ear Muffs/Plugs	
<input type="checkbox"/> Safety Shoes/Gum Boots	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Full Body Harness/ Safety Belt	
<input type="checkbox"/> Rubber/Cotton Gloves	<input type="checkbox"/> Face Shield	<input type="checkbox"/> SCBA	
20 Special Instructions. _____			

Authorization→	Permit Issue Authority	Relevant Section	Permit Receiving Authority
		Relevant Section	Supervisor/Performing Technician

Signed by	Checked by	Verified by
Permit Receiving Authority	Area Operator	Permit Issue Authority

ALL WORK PERMIT AREAS ARE NON-SMOKING AREAS

