|  |  |  |
| --- | --- | --- |
| Contractor Company Name: | Emergency Contact No. | Employees Performing Work 1)2)3)4) |
| Contractor Supervisor Name: |  |
| Area:  |  | Date |  | Time  |  |
|  (Area description must be precise) |
| Permit Requestor: |  |  Sign  |  |  |
| Performing Work:  |  | Sign |   |

**Note:** I understand the precaution to be taken as described above and as per Project requirement & here by confirm that Work will be executed under my supervision by following all precaution & Safety Rules

|  |  |
| --- | --- |
|  **Description of work:** |  |
|  |
| **Depth and Dimension of Penetration:** |  |
| **Work Execution Date:** |  | **Time:**  |  | **Valid From:** |  | **To:**  |  |

The above signing person will be responsible to ensure that the above described work will be done under all the safety precaution mentioned on the PTP. The following precautions are to be taken.

The following precautions are to be taken.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Item | Yes | No | N/A |
| 1. | Reviewed historical records, engineering plans, and drawings?  | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 2. | Area responsible person/designee, customer/requester, or other personnel consulted? | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 3. | Visually inspected proposed location of penetration?  | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 4. | Checked other side of walls, under floors, or through false ceilings for hazards | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 5. | De-energized and locked/tagged-out energy sources as required? | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 6. | Non Destructive Testing (NDT) used to determine if additional hazards exist?  | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 7. | NDT used to determine wall reinforcement? | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 8. | Electrical tools equipped with GFCI or double-insulated? | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 9. | GFCIs tested? | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 10. | Appropriate PPE obtained? | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 11. | PPE inspection(s) up to date? | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 12. | Short drill bits used or equipment marked to limit penetration depth? | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 13. | Scoping to identify hidden Hazard’s or Utilities. | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 14. | Barricading of the area is a requirement. **(All floor and roof openings are required to have guardrail / barricade to prevent access)** | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
|  |  |  |  |  |  |  |
| **Contractor/Project Safety:** |  | **Sign** |  |  **Date:**  |  |  |

**Permit Completion:**

I hereby declare that the work is completed/ suspended, all workers under my control have been withdrawn and the site restored to a safe condition. **(Including open holes, created by Roof/Floor/Wall Penetrations.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person Performing Work:** |  | **Sign**  |  | **Date:**  |  |