

WORK PERMIT FORMAT FOR WORKING AT HEIGHT ABOVE 3M/FRAGILE ROOF

Part - I

(To be issued before commencement of the work)

Ordinance Factory/Unit Name - Ordnance Factory Ambajhari,

Work Permit No. -

Date & Time of Issue -

Permit Duration - From :

To -

1. Details of the work :

2. Exact location of work site :

3. Name of contractor/firm :

4. Name, Designation and Signature of Site In Charge :

5. Name, Designation and Signature of Work Site section nominated person :

6. Name, Designation and Signature of Contractors supervisor:

7. Assessment of general requirements before			
Sno	Required	Condition(Yes/No) & Nos	Remarks of Safety
1	ELECTRICAL SHUT DOWN		
2	LADDERS AVAILABLE		
3	FULL BODY HARNESS WITH DOUBLE LANYARD AS PER IS 1531		
4	SAFETY HELMET AS PER IS 2925		
5	HAND GLOVES		
6	SAFETY SHOES		
7	SAFETY NET, AS PER IS 11057		
8	SAFE WALK/ CRAWLING LADDER		
9	EMERGENCY ARRANGEMENTS		
10	SAFE WORKING INSTRUCTIONS ARE KNOWN TO CONTRACTORS SUPERVISOR		
11	MEDICAL CERTIFICATE OF WORKERS AVAILABLE		
12	GROUP INSURANCE AVAILABLE		

8. Workers authorised to work requiring permit					
Sno	Name of workers	Age in completed years	Medical certificate date	Insurance No.	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

This work permit will be considered valid only if the associated part II and part III are adhered to.

Permit Raised by

Site Clearance give by

Permit Issued by

Permit Received by

Part - II

(To be maintained on daily basis before start of work during the Permit Period)

Work Permit No. -

Date & Time of Issue -

Date of Work :

A. Daily Sheet / Safe Practice Checklist :

S no	Required	Condition(Yes/No) & Nos	Remarks of Safety
1	SITE IS CLEARED FOR WORKING WITH COMPLIANCE OF ALL SAFETY INSTRUCTIONS. IF WORKING ON ROOF IS INVOLVED THEN WORK SHOULD BE STOPPED WHEN THERE IS RAIN, THUNDER STORM OR EXCESSIVE HEAT.		
2	ELECTRICAL SHUTDOWN REQUIRED.		
3	LADDER IS SOUND AND IS BEING USED SAFELY(SINGLE LADDER UPTO 30 FEET)		
4	FULL BODY HARNESS WITH DOUBLE LANYARD TIED PROPERLY		
5	SAFETY HELMET IS BEING USED		
6	HAND GLOVES ARE BEING USED		
7	SAFETY NET FIXED PROPERLY		
8	SAFE WALK/ CRAWLING LADDER BEING USED ON ASBESTOS ROOF.		
9	CONTRACTORS SUPERVISOR AVAILABLE & WELL AWARE ABOUT THE SAFETY INSTRUCTIONS.		
10	SAFE WORKING INSTRUCTIONS ARE GIVEN TO THE WORKMEN IN THE LOCAL LANGUAGE BY CONTRACTOR SUPERVISOR BEFORE COMMENCEMENT OF WORK.		

B. Workers actually engaged from the list authorised in Part-I

Sno	Name of workers	Age in completed years	Medical certificate date	Insurance No.	Signature
1					
2					
3					
4					
5					
6					
7					
8					

Contractor's Supervisor has to ensure that the contractor's men are always wearing safety gadgets and safe practices are followed.

Contractor Supervisor

Site In-charge

Section In-charge

Part - III

(Monitoring of work during Permit Period)

Work Permit No. -

Date & Time of Issue -

Surprise visit details (if any, conducted by Safety Officer(SO)/Safety Staff and Chief Safety Officer(CSO))

S. No	Visit Date & Time	Visit Conducted by (CSO/SO/Safety Staff)	Action taken details (in case of deviations,if any)

Work Permit Closure Date & Time :

Safety Officer

Chief Safety
Officer

(Work at height Proforma implemented w.e.f. 08/07/2019 based on COS/ erstwhile OFB section circular no. 211/Gen/COS dtd 02.05.2019)

**PROFORMA FOR MEDICAL EXAMINATION OF THE CONTRACTOR WORKERS AT
ORDNANCE FACTORY AMBAJHARI WHO ARE DEPLOYED FOR WORKING AT HEIGHT
(ONCE IN SIX MONTHS)**

(Ref: Member TS& PEDB Letter No. 176/ACC/GENCOS dated 23/12/2010)

(1) NAME OF CONTRACTOR :- M/s _____

(2) SUPPLY ORDER NO.:- _____

(3) NAME OF THE WORK:- _____

(3) WORKERS NAME :- _____

(4) WORKERS ADDRESS:- _____

(5) NATURE OF WORK:- _____

(6) PHYSICAL FITNESS:- _____

(7) MENTAL FITNESS:- _____

(8) EPILEPSY:- _____

(9) BLOOD PRESSURE:- _____

(10) OBESITY:- _____

(11) VERTIGO :- _____

(12) GENERAL FITNESS:- _____

(13) EYESIGHT :- _____

Date of Medical Fitness :-

MEDICAL OFFICER (MBBS/MD)