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ELECT	RICAL WORK PER	RMIT					Permit No.:		
(LOTO I	PERMIT TO BE A	TTACHED IF ISOL	<mark>ATIONS ARE RE</mark>	EQUIRED)			(Concern Dept.)		
SECTION	4 - Specification of V	Work (Filled by Permit I	Paguagtar / Anthyltu	Pagnangible Pag	om l				
	1 - Openioation of t	TOTA (I IIIOG DY I OTILIAL I	toquestor / Activity	itosponsible i era		Chart time			<u> </u>
Area Location						Start time Start Date			_
Permit Requestor (Activity Responsible Person)			Finish Time						
Phone				Finish Date					
						No. of Days			
Description	of work					Schematic Drav	vings & Diagrams	YES NO	
Equipment						Method statem	ents	YES NO	
SECTION	2 - Performance of W	Vork (Filled by Permit R	leguestor / Activity	Responsible Pers	on)				
		ssessing the Risks – U		-	,				
Safe	ety Precautions								
	VEC	NO		ITTA	•	1		ONABACNIT	
	YES	NO	ITEM				COMMENT		
			Isolations						
			Isolation points identified?						
				Requires Lock out Tag Out before Work Commences? (and for testing which					
				Lock out will be removed) Fuses Remove?					
			Warning notices and access control State where caution / danger signs have been posted? Work area has been						
			State where caution barricated / fenced of		een posted? Work a	rea has been			
			Prove Apparatus is dead						
			State what test have	been made where ar	nd with what instrum	ents.			
			Prove Apparatus is dead						
			State where apparatus has been earthed (and for testing which earths may be						
			removed)						
			PPE						
	AND COMMENTS:		State where proper I	PPE is available and co	ompliant with the MS	S/RA?			
		TOR (Activity Responsi		ssociated procedure	e(s), and accept res	sponsibility as the		ned before work co	mmences
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Original: Worksite Second Copy: HSE (Black & White Copy is not accepted)

Permit-Electrical Permit

HSE- ABG- PTW-ELP-001 (REV-00)

Rev.00 Date 11 April 2016

Validity of this permit will be 12 hours shift, Day & Night shift shall obtain separate permits.