



FALSEWORK STRIKING PERMIT		Permit No.: (Concern Department)	
SECTION 1 – Specification of Work (Filled by Responsible Person/ Activity Engineer or Supervisor)			
Date of Casting		Drawings Ref.	
		Method Statement Ref.	
Area		Start Time	
Location		Date	
Equipment		Finish Time	
Description		Date	
Job Performer		No. of days	
Section		RP Name	
Contractor		Department	
Phone		Section	

SECTION 2 – Performance of Work (Filled by Responsible Person/ Activity Engineer or Supervisor)
(Use These Questions When Assessing the Risks – Use N/A if Not Applicable)

A. Hazards Identified

<input type="checkbox"/> Falling Objects	<input type="checkbox"/> Rotating equipment	<input type="checkbox"/> Adjacent / Associated work
<input type="checkbox"/> Lifting operations	<input type="checkbox"/> Confined space	<input type="checkbox"/> Electricity & cabling
<input type="checkbox"/> Weather conditions	<input type="checkbox"/> Excavations/ Penetrations	<input type="checkbox"/> Noise
<input type="checkbox"/> Falling	<input type="checkbox"/> Structural Stability	<input type="checkbox"/> Working after daylight
		<input type="checkbox"/> Services

B. Work Site Precautions

Yes	No		Yes	No	
		Concrete strength is checked in accordance with engineering requirements/ Test Certificates Available (Structural Engineer Sign Off)			Suitable access and egress for striking i.e MEWPS, Scaffolds, etc.
		Exclusion zones established (Drop Zone)			Signs, Barricading & Barriers
		Barricaded areas for denailing			Daily Equipment inspection
		Environmental Protection			Adequate lighting / illumination
		Temporary Supports Formed			Wind socks
					Services protected, isolated or removed
					Work shedulling with appropriate gaps for regular and continuous clearance of debris

C. Personal Protection and Safety Equipment

Yes	No		Yes	No	
		PPE – Helmet, boots, Coverall			Lifeline
		Gloves: _____			Hearing protection
		Goggles			Safety harness
		Face shield			Communication means
		Safety glasses			Positive breathing BA sets
					Dust masks

* For more details use over page

SECTION 3 - RESPONSIBLE PERSON (Activity Engineer or Supervisor (must be signed before work commences)			
I accept this Permit, agree to be bound by the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the work.			
I have read the Activity Method Statement & Risk Assessment and Procedure, prepared the JSTI and communicated it to my crew, and have observed the risk controls in place.			
Responsible Person (Activity Engineer/Supervisor)		Signature	
		Date:	
		Time:	



SECTION 4 - ISSUING AUTHORITY (IA)

(must be signed before work commences)

I have checked that the work requirements and precautions have been identified by the Responsible Person (RP) and authorize the work to proceed

Approved start of work: Date ____/____/____ to Date ____/____/____

Time: ____:____Hrs to Time: ____:____

Name (IA):

Signature (IA):

SECTION 5 - COMMITMENT - JOB PERFORMER JP

(must be signed before work commences)

I declare that all requirements are in place and all required tests are done (if required) before work commence, and I am aware that DROP STRIPPING is PROHIBITED and will not be conducted.

Job Performer		Signature		Date	
				Time	

SECTION 6 – PERMIT REVALIDATION

	Name	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Date								
Responsible Person								
Issuing Authority								

SECTION 7 - COMPLETION, SUSPENSION OR CANCELLATION of WORK

I declare that the work for which this permit was issued has been properly performed and the work site has been left in a **clean, clear and safe condition**.

Job Performer(JP) Date

Received completed Permit for filing.

_____ Date ____/____/____ Time: ____:____Hrs

Permit Coordinator