



Minor Works Permit

COMPANY NAME :		
WORK LOCATION :	PHONE No. :	
MANAGER NAME :	MOB No. :	
EMAIL ADDRESS :	RECEIPT NO. :	
CONTRACTOR COMPANY NAME :		
LICENSE No. :	PHONE No. :	
MANAGER NAME :	MOB No. :	
EMAIL ADDRESS :	DATE OF APPLICATION :	
NAME OF WORKER/ EMPLOYEE INVOLVED (Attach list if necessary)		
Name 1 :		
Name 2 :		
Name 3 :		
Name 4 :		
Name 5 :		
WORK DESCRIPTION:		
START DATE:	FROM: TO: WORK TIMINGS:	
LIST/ QUANTITY OF CHEMICALS (IF ANY) OR CONSUMABLES (ATTACH MSDS WHERE RELEVANT)		
Sr.#	Name	Quantity / Unit
1.		
2.		
3.		
LIST OF MACHINE/ EQUIPMENT:		
Sr.#	Name	Quantity / Unit
1.		
2.		
3.		



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PERSONAL PROTECTIVE EQUIPMENTS ARE PROVIDED TO WORKERS (YES/NO) :	
WORKERS ARE TRAINED IN USE OF PORTABLE FIRE EXTINGUISHERS (YES / NO) :	
COMBUSTIBLE/FLAMMABLE/DANGEROUS MATERIAL REMOVED, SITE SAFE TO WORK? (YES / NO):	
ANTICIPATED WASTE DETAILS:	
PROPOSED WASTE DISPOSAL METHOD/PROVIDER:	
WORK PLACE ISOLATING DETAILS/ MEANS OF AREA RESTRICTION:	
ATTACHMENTS:	
1. METHOD STATEMENT	1. SAFETY DATA SHEET
2. RISK ASSESSMENT/JOB SAFETY ANALYSIS	2. EMERGENCY RESPONSE PLAN
3. LAY OUT/ FLOOR PLAN	3. PHOTOS
NOTE:	
<ol style="list-style-type: none"> 1. This Permit only applies to works not covered under Trakhees NOC for Building Permit or NOC for Modification such as cleaning/repair/maintenance works 2. Safety barriers/warning tape/applicable safety signboards/Scaffolding/ladders must be provided at the work area and all workers shall be provided with required PPEs 3. Unauthorized personnel are excluded from the restricted/work areas 4. All chemicals/dangerous/flammable material used should be stored/handled safely in designated areas only 5. <u>For any emergencies 04-8833111 should be called immediately</u> 6. Contractor License copy must be submitted along with the application form 	

USER ACCEPTANCE:

"I accept the conditions of permit as stated above, and will inform all personnel carrying out the work for the precautions to be taken". A permit copy will be located at the work-site.

	CONTRACTOR	OPERATING COMPANY
Name / Position:		
Date:		
Signature/ Stamp:		