

 UNIVERSITI TEKNOLOGI MARA	Cawangan Selangor Kampus Dengkil	Document Code:	Document Type: Facility Form	Revision No.: 0	Page No. 1 of 2
		PERMIT TO WORK			

Instructions: Applicant of Work Permit shall fill in Sections 1, 2, 3, 4 and 5 only.	WORK PERMIT NO. (for SHO use)
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SECTION 1: DETAILS OF WORK

Name of Applicant :	Date :
Company Name :	Name of Supervisor :
Company Address :	Telephone No. :
Mobile No. :	Work Location :
Work Title :	Work Description :
Duration of Permit : From (Date) (Time) To (Date) (Time)	Numbers of workers : (Please attach separate list)

SECTION 2: TYPE OF WORK/ACTIVITY

<input type="checkbox"/> Working at Height (> 3 meters)	<input type="checkbox"/> Lifting Operation	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Others (Please Specify):
<input type="checkbox"/> Energized Electrical Item	<input type="checkbox"/> Scaffolding Erection	<input type="checkbox"/> Chemical Handling	

SECTION 3: POTENTIAL HAZARDS

<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Falling Objects	<input type="checkbox"/> Occupational Diseases
<input type="checkbox"/> Burn (Eye, Skin, Etc.)	<input type="checkbox"/> Fatality	<input type="checkbox"/> Animal/Insect Bites	<input type="checkbox"/> Occupational Poisoning
<input type="checkbox"/> Suffocation	<input type="checkbox"/> Hand/Leg Cramp	<input type="checkbox"/> Explosion/Burst	<input type="checkbox"/> Environmental
<input type="checkbox"/> Hand Stuck	<input type="checkbox"/> Bacterial Infection	<input type="checkbox"/> Radiation	<input type="checkbox"/> Others (Please Specify):
<input type="checkbox"/> Chemical Exposure/Inhale	<input type="checkbox"/> Heat/Cold Exposure	<input type="checkbox"/> Vibration	
<input type="checkbox"/> Fall from Height	<input type="checkbox"/> Slippery	<input type="checkbox"/> Environment (Weather)	
<input type="checkbox"/> Minor Personal Injuries (Cut, Scratch)	<input type="checkbox"/> Drowning		

SECTION 4: IMPORTANT NOTICE / REMINDER

- Permit to Work must be reviewed, approved and terminated by UiTM representative/ SHO
- Approved Work Permit must be available at all times during the work.
- Applicant must comply with building's rules and regulations governed by client..
- Failing which, PENALTY will be imposed to all Violators.
- Appropriate Personal Protection Equipment (PPE) must be provided to own workers.
- A copy of Work Permit shall be forwarded by Facility Department to Security Controller and SHO, if necessary for security Escort.
- Ensure all appointed staff/workers are briefed on relevant safety requirement and procedure.
- Notwithstanding this Work Permit, applicant is fully responsible for any incident/accident caused by the applicant. KESB shall be indemnified by the applicant for any such incident/accident.

SECTION 5: APPLICANT'S DECLARATION

I/We confirm that I/we have read and fully understood the terms and conditions above and hereby agree to strictly comply with the rules and regulations as well as safety requirement set by the building owners. I/We shall brief all my workers involved in this work and ensure that they carry out the works safely at all times.

Applicant's Signature : _____ **Date** : _____

SECTION 6: FOR UiTM REPRESENTATIVE/ SAFETY & HEALTH OFFICER VERIFICATION & APPROVAL

- Permit to Work application must be submitted and approved by authorised personnel before work commence.
- Permit to Work is required for all types of works.
- The pre-entry checklist below is checked and verified.

Requirement	Yes	No
Complete Permit to Work has been submitted within the require time frame		
All assigned workers are briefed on relevant ESH training.		
Appropriate PPE provided/wear, please tick below: <input type="checkbox"/> Safety Helmet <input type="checkbox"/> Goggles <input type="checkbox"/> Overall/Suit <input type="checkbox"/> Gloves <input type="checkbox"/> Self-Contain Breathing Apparatus <input type="checkbox"/> Earplugs/Earmuffs <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Respirator <input type="checkbox"/> Faceshield <input type="checkbox"/> Others (Please Specify):		
Vendor Instruction Guideline is understood and signed off.		
LOTO devices are obtained/available (for energized electrical work only).		

SECTION 7: PERMISSION

ALLOWED NOT ALLOWED PENDING PERMISSION (Reason: _____)

	Name	Before		After	
		Signature	Date	Signature	Date
Checked and verified by UiTM & KESB representative.					
Monitor By (UiTM & KESB representative)					
Checked and verified by UiTM/ KESB and ESH representative.					

**PROSES PENGURUSAN KONTRAKTOR BAGI PROJEK DI BAWAH UiTM
MENGUNAKAN BORANG PERMIT TO WORK (PTW)**

Bil	Perkara	Tindakan
1	Mula Kerja	
2	I. Dapatkan borang PTW daripada pihak Fasiliti II. Dapatkan borang PB08A / PB08B daripada Polis Bantuan	Kontraktor
3	Penghantaran dokumen PTW lengkap kepada Fasiliti Serahan dibuat selewatnya 3 hari waktu bekerja sebelum mula kerja.	Kontraktor
4	Semakan dokumen PTW	Bahagian Pengurusan Fasiliti (BPF)
5	Dokumen tidak lengkap dikembalikan untuk pembetulan	BPF
6	Dokumen yang lengkap dihantar semula kepada Fasiliti	Kontraktor
7	I. Semakan dan kelulusan PTW II. Buat pengesahan pada borang PTW III. Maklumkan / serahkan kembali borang PTW kepada kontraktor IV. Serahkan Salinan PTW kepada Konsesi	BPF
8	Dokumen PB08A / PB08B yang lengkap dihantar kepada Polis Bantuan bersama PTW yang telah diluluskan.	Kontraktor
9	Rekod dan simpan PTW yang diluluskan	BPF
10	<i>Safety Briefing</i> (Sekiranya diperlukan)	KAS
11	Pelaksanaan kerja mengikut PTW	Kontraktor
12	Penyeliaan kerja sebelum, semasa dan selepas	BPF / Pemilik Projek
13	Makluman kerja selesai kepada BPF	Kontraktor
14	Serahan semula PTW untuk penutupan rekod	BPF/ <i>Site Safety Supervisor</i> (SSS)
15	Tamat	

CARTA ALIR PENGURUSAN KONTRAKTOR DI BAWAH PROJEK UITM MENGGUNAKAN PTW UITM CAWANGAN SELANGOR, KAMPUS DENGKIL

