



PERMIT TO WORK – Approval to access

- PTWs must be submitted at least **3 working days** prior to the commencement of work.
- Works shall only commence upon approval of the PTW.

This permit shall be displayed for the duration of the approved task and removed only upon task completion or upon its expiry.	
STAGE-1 APPLICATION (to be completed by Vendor / Contractor Supervisor)	
NAME OF COMPANY:	
COMPANY ADDRESS:	
SITE SUPERVISOR:	CONTACT NO:
PERIOD OF WORK: _____(No of Days) _____(DD)_____(MM)_____(YYYY) Start date _____(DD)_____(MM)_____(YYYY) End date	WORKING HOURS: _____(No of hours) _____(HOURS) Start Time _____(HOURS) End Time
LOCATION OF WORK:	LEVEL:
RISK ASSESSMENT (Last review date): _____(DD)_____(MM)_____(YYYY)	RISK ASSESSMENT (Next review date): _____(DD)_____(MM)_____(YYYY)
DESCRIPTION OF WORK ACTIVITY: _____ _____ _____ _____	
PLEASE TICK IF ANY OF THESE WORKS IS INVOLVED	
<input type="checkbox"/> Work at Height <input type="checkbox"/> Hot Works <input type="checkbox"/> Access of MDF / Riser / Switch Room / Other M&E room <input type="checkbox"/> Lifting Operation <input type="checkbox"/> Manhole Please state which room: _____	
PLEASE TICK IF THE WORK MIGHT AFFECT THE BUILDING SERVICES / OPERATION	
<input type="checkbox"/> Noisy works <input type="checkbox"/> Power / lighting disruption <input type="checkbox"/> Aircon disruption <input type="checkbox"/> Water disruption <input type="checkbox"/> Barricaded Area <input type="checkbox"/> Odour works (such as painting & etc) <input type="checkbox"/> Others : Please indicate _____	

PARTICULARS OF WORKERS (PLEASE ATTACHED SEPARATE SHEET IF SPACE IS SUFFICIENT)

S/N	NAME	NRIC / WORK PERMIT NO	NATIONALITY	MOBILE NO



***The undersigned Applicant agrees to abide by National Design Centre (NDC) Safety Rules and Regulations**

APPLICANT NAME	SIGNATURE	COMPANY STAMP	DATE

***APPROVED BY ENGIE AUTHORISED MANAGER / SUPERVISOR**

NAME	SIGNATURE	COMPANY STAMP	DATE

NOTIFICATION OF REMOVAL OF PERMIT (To be completed by ENGIE Authorized Manager)

The permit has been removed for the following reasons:

Permit expired Permit revoked (Reason: _____)

Removed by:

Name & Signature: _____

Designation: _____ Date / Time: _____

Acknowledged by Applicant

Name & Signature: _____

Designation: _____ Date / Time: _____

WORK COMPLETED (To be completed by Vendor / Contractor Supervisor)

I confirm that the work area has been restored to its original condition.

Name & Signature: _____

Designation: _____ Date / Time: _____