Structural Steel Erection Work Permit Permit Information Date: Permit No.: Project Name: Location: **Requestor Details** Name: Department/Company: Contact Number: **Work Details** Description of Work: Date & Time of Work: Specific Structural Area: List of Personnel Involved: **Hazard Identification & Controls** Hazard **Control Measures**

PPE Requirements

| Helmet | |
|---|------------------------------------|
| Safety Harness | |
| | |
| Gloves | |
| Safaty Shaas | |
| Safety Shoes | |
| Goggles | |
| Emergency Arrangements First Aid Location: | |
| | |
| Emergency Contact: | |
| | |
| | |
| | |
| Approvals | |
| Approvals Requested By: | Safety Officer: |
| Requested By: | |
| | Safety Officer: Name & Signature: |
| Requested By: Name & Signature: | Name & Signature: |
| Requested By: | |
| Requested By: Name & Signature: Date: | Name & Signature: |
| Requested By: Name & Signature: | Name & Signature: |
| Requested By: Name & Signature: Date: | Name & Signature: |
| Requested By: Name & Signature: Date: Authorized Person: | Name & Signature: |
| Requested By: Name & Signature: Date: Authorized Person: | Name & Signature: |
| Name & Signature: Date: Authorized Person: Name & Signature: | Name & Signature: |
| Name & Signature: Date: Authorized Person: Name & Signature: | Name & Signature: |