

REQUEST FOR A PERMIT TO WORK

This form must be duly completed and reach the Engineering Dept, 2 days before commencement of work and submitted to Security Dept 1 day before commencement

To: Engineer Department

Part 1: To be completed by the Contractor

Contractor Company Name:

Location of Work:

Date & Time of Work:

Date:

From

 (dd/mm/yy)

To

 (dd/mm/yy)

Time:

 (hh:mm)

 (hh:mm)

Specification of Work: (Attach separate sheet and/or sketch if necessary)

--

WORKERS' PARTICULARS (Attach separate sheet if necessary)

S/N	FULL NAME	LAST 3 DIGITS + PREFIX OF NRIC / PERMIT	VACCINATION STATUS (Y/N) & DATE	ART DATE & RESULT	CONTACT NO / VEHICLE NO
1					
2					
3					
4					
5					

REQUEST FOR A PERMIT TO WORK

This form must be duly completed and reach the Engineering Dept, 2 days before commence of work and submitted to Security Dept 1 day before commencement

S/N	FULL NAME	LAST 3 DIGITS + PREFIX OF NRIC / PERMIT	VACCINATION STATUS (Y/N) & DATE	ART DATE & RESULT	CONTACT NO / VEHICLE NO
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

By submitting the form, the submitting representative confirms that the following requirements are in force, adhered to and are valid.

- i. Risk assessment has been conducted and necessary control measures taken.
- ii. Risk assessment form attached.
- iii. I will inform the Hotel representative of the risks that may affect the Hotel employees or other persons due to my undertaking.
- iv. I will inform the Hotel representative if there is any change to the work specification or condition under which this permit is granted.
- v. All necessary equipment, including personal protective equipment, will be available.
- vi. All foreign workers deployed has valid work permit

REQUEST FOR A PERMIT TO WORK

This form must be duly completed and reach the Engineering Dept, 2 days before commencement of work and submitted to Security Dept 1 day before commencement

Submitted

by:

Name and Signature of Contractor Representative

Date (dd/mm/yy)

Part 2: To be completed by the Requestor (RC Hotel Representative)

Check the boxes should the contractor is required to perform any works as listed below. For any checked works, please specify and attach the relevant documents. Contact Engineering Dept for advice if necessary.

- | | |
|---|--|
| <input type="checkbox"/> Modification / usage of Hotel utilities (electricity, water, air etc) or equipment | <input type="checkbox"/> Bringing on-site any hazardous chemical or materials? |
| <input type="checkbox"/> Any construction/ addition/ alteration to building/ fire safety protection systems | <input type="checkbox"/> Working at height (where workers are liable to fall for more than 2m) |

Please specify / provide additional information to any checked item above:

I will control the activity of the contractor on site and will report any change to the work specification or condition under which the permit is granted.

Submitted by:

(Hotel Representative)

Requestor Name / Designation / Contact Number

Date of Request

(dd/mm/yy)

Part 3: To be completed by the Engineering

The above work permit is approved:

Yes /

No

Approved by:

(Dir of Engineer or Designate)

Name

Date of Approval

(dd/mm/yy)

Part 4: Security Acknowledgement

Acknowledged by:

Name

Date

(dd/mm/yy)