KOMTAR JBCC

PERMIT TO WORK

**** NO WORK IS SO URGENT THAT WE CANNOT TAKE TIME TO DO IT SAFELY ****
****COMPLETE ALL 2 PAGES****

SECTION 1 – TENANT AUTHORISATION	
APPLICANT'S NAME:	DESIGNATION:
OUTLET NAME:	OUTLET PHONE NO:
OUTLET EMAIL:	DATE:

I/We have assigned the following Contractor/s to perform work at the above shop lot and agreed on the rules and regulations as stated in the Retail Fit Out Guide.

APPLICANT'S SIGNATURE :

SECTION 2 – APPLICANT'S PARTICULARS (MAIN CONTRACTOR / SUPPLIER / VENDOR / SERVICE PROVIDER)	
APPLICANT'S NAME:	HANDPHONE NO:
COMPANY:	OFFICE ADDRESS:
OFFICE NO:	

PERMIT BEGINS			**PERMIT EXPIRES**		
DATE START	**TIME START**		**DATE END**	**TIME END**	
		AM / PM			AM / PM

SECTION 3 – WORK CLASSIFICATION (Tick / whichever box that is applicable)

- ☐ Fit-out Work
- ☐ Rectification Work
- ☐ Equipment Delivery
- ☐ Other Activities (Please specify): _____
- ☐ Stock Delivery / Receiving
- ☐ Stock take / Annual Stock Count
- ☐ Pest Control / Pesticide
- ☐ Air-conditioning Work
- ☐ Sanitization / Cleaning Work
- ☐ Electrical Work (please specify):_____

SECTION 4 – INSURANCE COVERAGE (Tick whichever box that is applicable and prepare VALID attachment)

☐ Public Liability ☐ Contractor All Risk ☐ Workmen Compensation

SECTION 5 – HAZARDS / HAZARDOUS ACTIVITIES (Tick whichever box that is applicable)

- ☐ Gas & Fume
- ☐ Volatile Liquid Under Pressure
- ☐ Chemical
- ☐ H2S
- ☐ Steam
- ☐ Hot Surface
- ☐ Electrical
- ☐ Working at Height
- ☐ Scaffolding
- ☐ Lifting
- ☐ Radiography
- ☐ Vehicle
- ☐ Crane
- ☐ Interlock Bypass
- ☐ Hydro jetting
- ☐ Pressure Test
- ☐ Saw / Cold Cut
- ☐ Battery Operated / Electrical Tools
- ☐ Hand Tools Only
- ☐ Electronic Device
- ☐ Generator / Compressor
- ☐ Needle Gun
- ☐ Drilling
- ☐ Rotating Equipment
- ☐ Noise
- ☐ Others: .....

SECTION 6 – PERSONAL PROTECTIVE EQUIPMENT (Tick whichever box that is applicable)

Basic
- ☐ Helmet
- ☐ Safety Shoes
- ☐ Safety Glass
- ☐ Coverall

Eye, Face & Body Protection
- ☐ Goggles
- ☐ Face Shield
- ☐ Welding Mask
- ☐ Chemical Suit
- ☐ Chemical Boot

Fall Protection
- ☐ Full Body Harness
- ☐ Fall Arrest

Hearing Protection
- ☐ Ear Plug / Muff

Hand Protection
- ☐ Cotton Gloves
- ☐ Leather Gloves
- ☐ Rubber Gloves
- ☐ Chemical Gloves

Others
Please Specify:

Respiratory Protection
- ☐ Half Mask Respirator
- ☐ Full Face Respirator
- ☐ SCBA
- ☐ Dust Mask
- ☐ Hood

Personal Monitoring Equipment
- ☐ H2S Meter
- ☐ Personal Distress Unit
- ☐ Personal O2 Monitor
- ☐ Personal Dosimeter/Film Badge/Survey Meter

SECTION 7 – APPLICANT'S DECLARATION

I/We have read the Tenancy Design and Fit Out Guidelines and fully understood on the rules and regulation and I/We shall abide to it accordingly. This work permit will be automatically cancelled if we violate any of the terms.

Applicant's Signature : Designation : Company Stamp & Date :

NEW APPLICATION OF WORK PERMIT		**EXTENSION OF WORK PERMIT**	
Approved CMO / JMB	**Not Approved CMO / JMB**	**Approved by CMO / JMB**	**Not Approved by CMO / JMB**
Work Permit date:		Work Permit date:	
Name, Signature & Stamp		Name, Signature & Stamp	

ATTACHMENT FOR PTW FORM

TENANT NAME: _____ LOT NO: _____

WORKER(S) – CONTRACTOR / OUTSOURCE STAFF INFORMATION

FULL NAME AND IDENTIFICATION NUMBER:

NO	NAME	IDENTIFICATION NUMBER

VEHICLE REGISTRATION NUMBER:

1)

2)

3)

I acknowledged and verified that the detail above is true and valid.

Name: _____

……. Date: _____

Sign above