	Work Proposal And Safety Plan	
To be completed by the origination party of the proposed work		

Work proposed No:

Applicants details:	Name:
Contact Number(Mobile):	Designation:

Contractor's Details:	
Name of the company:	
Name of the supervisor:	Contact no:
Responsible DIAL officer:	Contact no:

DETAILED DESCRIPTION OF PROPOSED WORKS:

Method Statement (Explain methodology, height, machinery & tools etc. to be used for execution)

Location of works:



Duration of works:

Expected number of people working:

Hot Work Permit required :	Yes/No, if Y obtain it from ARFF
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SAFETY PLAN

Risks identified in work/task execution:

 DELHI INDIRA GANDHI INTERNATIONAL AIRPORT 	Work Proposal And Safety Plan	
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Mitigation measures:

Details of safety briefing provided to the workers before commencement of works:


Type of PPE to be used:

Declaration

I /we hereby undertake that I/we will not hold GMR Delhi International Airport, its employees for any injury/damage/loss arising out the above mentioned work.

I /we also assure that work will be carried out strictly as the proposal only.

Name/ Signature of the person on behalf of the contractor
Mobile/ Tele
Add:

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Remarks by team Safety DIAL:

- a. Prior permission of ODM/ASO/AOCC is must on daily basis.
- b. Prefer lean hours to execute the work.
- c. Barricade the area or/and provide marshaller/obstruction markings (Day/Night) on need basis.
- d. Work to be supervised by a qualified supervisor.
- e. No material/debris to be left at site.
- f. Transportation of men & materials to be done in guidance of Follow me.
- g. Carry out housekeeping at site on daily basis.
- h. Keep a copy of work permit at site.

Signature & Name

Approved/Not Approved Forwarded to ASO for approval

GENERAL

Manager ASO is to refer the work proposal before issuing the work permit.

DIAL has a zero tolerance alcohol and drugs policy.

All airside works are to have the safety goal of “zero injuries, zero accidents”.

All incidents, incidents and near misses are to be reported immediately to the AOCC, ODM and Safety Department.

Works deemed to be unsafe or below standards will be suspended.

AIRSIDE OPERATIONS DEPTT
APPLICATION FOR WORK PERMIT

Date: _____

1.	Department	:	
2.	Name and Address of the Agency	:	
3.	Description of Work	:	
4.	Location of Work	:	
5.	Start Time & Date	:	
6.	Completion Time & Date	:	
7.	Fresh/ Renew (AWP No.)	:	
8.	Closure of Area, if required	:	
9.	No. of vehicle passes required (apply separately)	:	
10.	No. of ADPs in possession / required	:	
11.	Type of Equipment(s)/ Material to be used	:	
12.	Entry through Gate no.	:	
13.	No. of BCAS entry passes/tokens issued	:	
14.	Name and Contact number of Agency Supervisor at site	:	
15.	Whether Safety Equipment / jackets in possession (Obstruction Markers/Lights/Tape)	:	
16.	Recommendation/approval from DIAL/AAI Engineering Name & Telephone no.	:	

(Name & Signature of Applicant)

(Name & Signature of CNS, AAI)

(Name & Signature of Metrology, IMD)

(Name & Signature of ARFF, DIAL)

(Name & Signature of Safety Dep. DIAL)

(Name and Signature of AWP
Approving Authority DIAL)

Note: Signature of CNS, AAI & Metrology, IMD is required only when carrying out digging work. Signature of ARFF, DIAL is required only when carrying out works which involves welding or any other fire hazard.