TECH EHS®

Permit to Work (PTW) Audit Checklist

Project/Site Name:		Date & Time of Audit:	Permit Number:
Contractor / Work group:	**Audit Conducted By:**	**Designation:**	**Contact Number:**

Section A – Permit Selection and Work Scope

Sr. No.	Audit Question	Status	Remarks
1	Has the correct type of permit been issued for the work being performed?	☐ Yes ☐ No ☐ NA	
2	Does the permit clearly describe the actual scope of work at site?	☐ Yes ☐ No ☐ NA	
3	Has the requirement for isolation, if applicable, been identified before work commencement?	☐ Yes ☐ No ☐ NA	
4	Are permit validity dates and timings clearly specified and valid?	☐ Yes ☐ No ☐ NA	

Section B – Job Planning and Risk Assessment

Sr. No.	Audit Question	Status	Remarks
5	Has a task-specific risk assessment been completed for the activity?	☐ Yes ☐ No ☐ NA	
6	Are identified hazards relevant to the actual site conditions?	☐ Yes ☐ No ☐ NA	
7	Are control measures practical, site-specific, and adequate for the work?	☐ Yes ☐ No ☐ NA	
8	Have risk controls been communicated to the work team before starting the job?	☐ Yes ☐ No ☐ NA	
9	Are all required supporting documents attached to the permit? (Risk Assessment, Method Statement, MSDS, Certificates, etc.)	☐ Yes ☐ No ☐ NA	

Section C – Workforce Awareness

Sr. No.	Audit Question	Status	Remarks
10	Are all workers involved in the activity identified in PTW/TBT and authorized for the task?	☐ Yes ☐ No ☐ NA	
11	Have workers attended the toolbox talk or pre-job briefing?	☐ Yes ☐ No ☐ NA	
12	Do workers understand the hazards associated with their work?	☐ Yes ☐ No ☐ NA	
13	Can workers explain the key control measures mentioned in the permit?	☐ Yes ☐ No ☐ NA	
14	Are workers aware of emergency arrangements and reporting procedures?	☐ Yes ☐ No ☐ NA	
Auditor Tip: Speak with at least two workers at the job site. Their answers often reveal whether the permit process is truly understood.		☐ Yes ☐ No ☐ NA	

Section D – Permit Display and Site Verification

Sr. No.	Audit Question	Status	Remarks
15	Is a copy of the approved permit available at the worksite?	☐ Yes ☐ No ☐ NA	

16	Is the Permit Holder or responsible supervisor present or readily available?	☐Yes ☐No ☐NA	
17	Does the work location match the location stated on the permit?	☐Yes ☐No ☐NA	
18	Are site conditions consistent with the hazards identified in the permit?	☐Yes ☐No ☐NA	
19	Are specified control measures visibly implemented at the worksite?	☐Yes ☐No ☐NA	
20	Are warning signs, barricades, and exclusion zones in place where required?	☐Yes ☐No ☐NA	
21	Is housekeeping satisfactory and free from unnecessary hazards?	☐Yes ☐No ☐NA	
22	Are access and egress routes available, unobstructed, and safe?	☐Yes ☐No ☐NA	

Section E – Equipment, PPE, and Isolations

Sr. No.	Audit Question	Status	Remarks
23	Are tools and equipment suitable for the task and in good condition?	☐Yes ☐No ☐NA	
24	Are workers using the required PPE identified in the permit?	☐Yes ☐No ☐NA	
25	Have all required isolations been implemented and verified?	☐Yes ☐No ☐NA	
26	Are temporary electrical installations, cables, and hoses routed safely?	☐Yes ☐No ☐NA	

Section F – Simultaneous Operations (SIMOPS)

Sr. No.	Audit Question	Status	Remarks
27	Are there other activities occurring nearby that could affect this work? If yes, has it been identified in permit?	☐Yes ☐No ☐NA	
28	Have potential conflicts with other work groups been assessed?	☐Yes ☐No ☐NA	
29	Have additional precautions been implemented to manage SIMOPS risks?	☐Yes ☐No ☐NA	

Section G – Effectiveness of Permit Implementation

Sr. No.	Audit Question	Status	Remarks
30	Have any conditions changed since permit issuance that require permit review?	☐Yes ☐No ☐NA	
31	Are workers following permit requirements throughout the job execution?	☐Yes ☐No ☐NA	
32	Based on site observations, is the PTW system effectively controlling the risks associated with this activity?	☐Yes ☐No ☐NA	
Key Strengths Observed :			
Key Improvement Opportunities:			
Immediate Actions Required:			

Disclaimer: This Permit to Work (PTW) Audit Checklist is provided as a general guidance resource to support field-level review of PTW implementation. It is not intended to replace applicable legal requirements, regulatory standards, industry-specific guidelines, client requirements, or your organization's approved Permit to Work procedures.Before use, the checklist should be reviewed and adapted to suit the applicable local laws, industry requirements, project-specific risks, work activities, and organizational procedures. The adequacy and applicability of each checklist item should be determined by a competent safety professional.

Auditor Signature: ____________________ **Site Representative Signature:** ____________________

Date: ____________________