



Marathwada Auto Compo Pvt. Ltd.

Safe Work Permit (SWP)

Doc. No. MACPL/F/EHS/08

Doc Rev No. 00

Doc Rev Date 01.07.2015

Page No.

DEPT:

Maintenance.

PLANT:

1300

SWP Sr.No.

SAFE WORK PERMIT IS VALID ONLY FOR 7 DAYS AND FOR DATES MENTIONED IN THIS SWP

SAFE WORK PERMIT IS VALID ONLY UPTO 17.00 HRS (SPECIAL SANCTION REQUIRED FROM PLANT HEAD FOR EXTENSION OF WORK)

Plant: MACPL 1300 From Dept.: Maint. Sr. No. : _____Permit issued to M/s Charuked Techno solution.Name of Supervisor Mr. Akshay. Contact number _____

Maximum no of workers will work on site- _____

Name of persons-1) Mr. Akshay 2) _____ 3) _____

4) _____ 5) _____ 6) _____

Permit Valid Date From 29/12/23 To 31/12/23 (Only 7 Days allowed) For 02 no of persons

Date	<u>29/12</u>					
Signature	<u>Akshay</u>					

This is to give clearance to carry out following jobs as mentioned below

Equipment name - _____ Eqt No _____ Location shop floor.Describe Job to be carried out. : Instrumentation & gages calibration work.**APPROPRIATE SAFETY CHECK SHEET MUST BE ATTACHED FOR THE TYPE OF WORK MARKED**

Type of work:	Tick Mark which type of job is to be carried out	Tick Mark The Check List attached	Checksheet number
1) Normal Jobs or Cold Work at Floor level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Check Sheet Sr.No. _____
2) Electrical Work in HT/LT above 24 Volts	<input type="checkbox"/>	<input type="checkbox"/>	Check Sheet Sr.No. _____
3) Working at Height & Fragile roof & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	Check Sheet Sr.No. _____
4) Hot Work (Welding & Gas Cutting)	<input type="checkbox"/>	<input type="checkbox"/>	Check Sheet Sr.No. _____
5) Working in Confined space entry	<input type="checkbox"/>	<input type="checkbox"/>	Check Sheet Sr.No. _____
6) Excavation work & civil work	<input type="checkbox"/>	<input type="checkbox"/>	Check Sheet Sr.No. _____
7) Work in Hazardous Area. tank cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Check Sheet Sr.No. _____

APPROPRIATE SAFETY CHECK SHEET MUST BE ATTACHED FOR THE TYPE OF WORK MARKED**Safety Precautions to be taken:****Common for any type of work**

- All area concerned personnel notified about nature of work:
- Surrounding area cleaned for oil & slippery floor

Yes / No / Not Reqd

Special Precautions:Use proper PPE.

From HR Dept: This is to certify that all statutory requirements have been complied

Contractor's Name: Charuked Techno soln Date: 29/12/23 Time: 29/12/23 Sign: AkshayJob issued by: Vedaj Wadh. Date: 29/12/23 Time: 10:50 Sign: _____Job Authorized by: Mr. Sunil Narwar. Date: 29/12/23 Time: 10:55 Sign: [Signature]

Job Completed by: _____ Date: _____ Time: _____ Sign: _____

Job Accepted by: Mr. Akshay Date: 29/12/23 Time: _____ Sign: _____

(Plant Head / Safety Leader / All HOD / HR Head / Corp. Safety Manager Can Authorize the Work Permit)

Distribution Pink Color - Contractor Yellow Color - Security Copy White Color - Dept. Copy



Marathwada Auto Compo Pvt. Ltd.

Work Permit Safety Check Sheet for Electrical Work/ Normal Job

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BUD

SWP Sr No. _____

Check List Sr. No.: _____

Electrical Work in HT/LT above 24 Volts

Yes No Not Appl.

1. Electrical Equipment de-energised & fuses removed:

2. Lock out / Tag out applied (LOTO)

3. If Lock out / Tag out is applied, name of person applying LOTO

4. All portable tools are connected with plug & Earthing:

5. Are the portable tools double insulated

6. Portable tools fitted with operating switch

7. Ladder with proper supports are being used:

8. Personal protective equipment required:

Yes No Not Appl.

Electric Shock Proof Safety shoes

Helmet

Earplug

Dust respirator

Electrically Tested Hand gloves

Safety belt

I/We agree to follow all the applicable safety precautions mentioned above and assure that it will be followed during the entire course of the work

Contractor's Name: Akshay Date: 28/12/23 Time: 10:55 Sign: _____

Job issued by: Uday Wagh Date: 28/12/23 Time: 10:55 Sign: Wagh

Special Precautions if Any:

10:55
Wagh

Distribution	Contractor	Security	Issuing Department
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