

ENDURANCE TECHNOLOGIES LTD.

Ref.no. ETL / CORP.EHS/ F-04

Rel. date: 01.04.2021

GENERAL WORK

Reg. No. 01

Permit No.: **1503**

Cross Ref. / LOTO No.(If applicable):

Permit Receiver name of Agency / contractor: **Rutuja Arts.**

Work location / Department: **Stores**

Date and Time: **29/08/2022**

Date and Time: **09:30**

Plant / Section: **K-228/229**

Issued by: **Mr. Shejul**

In case of Emergency Situa receive : stop work immediately and fact walked toward safe assembly point & wait for next instruction.

I) Please carry out the following work : **painting** at location / machine : **Stores**.

Sr.	Job description (Pl mark right tick wherever applicable)	Sr.	Check List (Pl mark right tick wherever applicable)
	Working at Height (Below 3 mtts)	1	Availability of appropriate equipment for work
1	cleaning (Dry / Wet Mopping)	2	Electrical equipment with 3 pin top
2	Floor painting (Epoxy / Normal Painting work)	3	Barricade of area (If Require)
3	Floor repair work / Civil work on Ground	4	Required PPE's provided (Safety belt, helmet, hand gloves and safety shows)
4	Office Tube cleaning / Glass Cleaning	5	Visibility in the area (Use portable light If require)
5	Any other work (Please Specify)	6	Continuous supervision
		7	MSDS safety instruction read for cleaning chemical
		8	Any other, Please specify:
		9	

II) Job Safety Analysis

Sr. No.	List of Activities	Hazard Identification	Risks level (H/M/L)	Available control measures	Check
	painting	Fumes / Dust.	L	nosemask Safety Goggle Safety shoes.	

III) Contractor Information with Declaration (I have understand the hazard and risk involed in above activity, take full responsibility for training and safety of my employees as per EHS rules and regulation of ETL.)

Sr. No.	Name of contractor employees	Contractor ID Card	Valid till	Supervisor Name	Qualification / Experience	Signature of Permit holder	Remark
1	Janardhan	16050036210100000163	23/09/2022		25 years	[Signature]	
2	Amrashesh						

(In case more than 5 contractor employee separate sheet need to attach)

IV) Authorization of Work Permit: (I have examined the work description in the permit and job safety analysis found satisfactory)

Signature	Name of Person	Designation
[Signature]	User Department Supervisor	User Department Supervisor
[Signature]	Area HOD	Area HOD
[Signature]	Plant HR (After verifying CSM)	Plant HR (After verifying CSM)
[Signature]	Plant EHS	Plant EHS
[Signature]	Operation Head / Production Head	Operation Head / Production Head

V) Work completion (Closure of Work Permit):

Work Start date and time	Work Compleat date and time	Estimated Time	Work completed	Quality of work (Average, Satisfactory, Good)

Remark and Signature of User department on closure of work permit:

te: Distribution of Permit copy : 1st Copy with contractor who is doing job ; 2nd Copy with EHS officer and 3rd Copy with Security