

2712

ABB

SAFETY WORK PERMIT

Date	31/01/23	Time	9:30 AM	Permit No	338
Name of Contractor	Johnson Lift	No. of Person	2+1	PG/ Department	Lift
Location of Work	Lift No-01 2 ton			ABRA Reference No	
Description of Work	Lift testing work.				

Work permits is valid up to 6:00 PM on dated 31/01/2023

COLD WORK PERMIT

Is the risk assessed, understood & explained to workmen	Yes	No	NA	Check & ensure the checklist is filled in for loading & unloading vehicle e.g. Hydra, Crane & Forklift	Yes	No	NA	Check & ensure all slings (wire rope & belts) / lifting tools & tackles are in good conditions and calibration certificates available	Yes	No	NA
Check and ensure all machinery are in good condition / guarded	Yes	No	NA	Check and ensure MSDS/PPE's available for the chemical work which involve painting, epoxy, pest control etc. others	Yes	No	NA	Check and ensure condition of portable electric and pneumatic / hand tools for carpentry / other works are in good condition	Yes	No	NA
Check & ensure all sources of energy are isolated, locked tagged out (LOTO)	Yes	No	NA	Check and ensure equipment / area is free from flammable / explosive vapors / Toxic fumes / Gases	Yes	No	NA	Check and ensure that plant operators of concerned area have been informed about work	Yes	No	NA
Check and ensure proper barricading, cautionary and warning boards displayed and good housekeeping is maintained at the workplace	Yes	No	NA	Check and ensure all civil activities are complied with proper working platform / PPE's	Yes	No	NA	Any other jobs pls. specify.	Yes	No	NA

I hereby declare that I have understood the safety requirements explained to me by responsible person and I shall ensure the full compliance with these requirements by communicating them to our work force and through continuous monitoring of the work. I undertake the responsibility to carry out the work safely.

Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
	Initiator (Permit Issued by)	Contractor (Permit hold by)	HSE Engineer (Permit reviewed by)	Area in charge (Permit approved by)
Name & Time	Name: Johnson Time:	Name: Chetan B. Time:	Name: [Signature] Time:	Name: Johnson Time:

HEIGHT WORK PERMIT

Is the risk assessed, understood & explained to workmen	Yes	No	NA	Does the work involve more than 1.5 m height	Yes	No	NA	Is proper access available to reach the working spot safely	Yes	No	NA
Is the proper lighting / illumination is available or provided.	Yes	No	NA	Check and ensure that all guard are in place at the working platform with scaffold tag	Yes	No	NA	Check and ensure that proper and safe anchorage points are available to hook safety harness	Yes	No	NA
Check and ensure that area below is barricaded and work in the same segment is restricted	Yes	No	NA	Check and ensure that workmen provided with bag / box to carry loose material & tools	Yes	No	NA	Check and ensure that proper portable ladder provided as per the job requirement.	Yes	No	NA
Check and ensure horizontal / vertical lifeline is installed as required and advised	Yes	No	NA	Check and ensure that safety nets are in place where required advised	Yes	No	NA		Yes	No	NA

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HOT WORK PERMIT

Is the risk assessed, understood & explained to workmen	Yes	No	NA	Check and ensure that working area does not contain any combustible material	Yes	No	NA	Check and ensure cylinders & torch are fitted with flashback arrester and pressure gauge	Yes	No	NA
Industrial lighter is available for igniting the torch	Yes	No	NA	Check and ensure fire extinguisher available at working are	Yes	No	NA	Check and ensure cylinders kept in upright & chained in trolley	Yes	No	NA
Check and ensure that welding/grinding and cutting machine and cables are in good condition and properly insulated	Yes	No	NA	Is the rpm of grinding wheel is equal to or more than the grinding machine rpm	Yes	No	NA	Check & ensure valid (verify expiry date) grinding wheel is used	Yes	No	NA
Check & ensure that electrical connections are provided with proper capacity RCCB/MCB & 30mA ELCB switch's	Yes	No	NA	Check and ensure earthing is in proper condition with insulated crocodile pin	Yes	No	NA	Check and ensure that working persons imparted / trained in fire safety training	Yes	No	NA

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Name & Time	Name: Johnson Time:	Name: Chetan B. Time:	Name: [Signature] Time:	Name: Johnson Time:

EXCAVATION WORK PERMIT

Is the risk assessed, understood & explained to workmen	Yes	No	NA	Is ACOP for excavation & trenching activity is clearly understood by contractor	Yes	No	NA	Check and ensure that site does not contained any under ground utilities like cable, drainage line or network cables	Yes	No	NA
Check and ensure that site does not contained any overhead (OH) utilities.	Yes	No	NA	Check and ensure hard barricading for excavation more than 3 feet.	Yes	No	NA	Check and ensure condition of mechanically excavated pit	Yes	No	NA
Check and ensure proper and adequate shoring of excavated pit is carried out	Yes	No	NA	Check & ensure that arrangement available to escape emergency for excavation more than 10 feet	Yes	No	NA	Check & ensure proper ladder & ramp provided for safe access	Yes	No	NA
Check and ensure excavated / other materials to be kept min 1.5 meter away from the excavated pit	Yes	No	NA		Yes	No	NA		Yes	No	NA

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Name & Time	Name: Johnson Time:	Name: Chetan B. Time:	Name: [Signature] Time:	Name: Johnson Time:

PERSONAL PROTECTIVE EQUIPMENTS

Safety Helmet	<input checked="" type="checkbox"/>	Hand Gloves: Cotton / Leather / PVC / Cut Resistant	<input checked="" type="checkbox"/>	Full Body Safety Harness	<input checked="" type="checkbox"/>	Face Mask / Nose Mask	<input checked="" type="checkbox"/>	Shoulder Pad	<input checked="" type="checkbox"/>	Additional requirement pls. specify	
Safety Shoes / Safety Gum Boots	<input checked="" type="checkbox"/>	Safety Goggles / Welding Goggles / Face Shield	<input checked="" type="checkbox"/>	Ear Plug / Ear Muff	<input checked="" type="checkbox"/>	Leather Apron / PVC Suit / Reflected Jacket	<input checked="" type="checkbox"/>	Cartridge filter mask / SCBA	<input checked="" type="checkbox"/>		

WORK PERMIT EXTENSION

Note: The extension of work permit is for cold work only. Execution of height, hot & high risk work during this period is strictly prohibited.

Date & Time to which extension is required	AM / PM	Name of Activity Supervisor During Extension
Name & Sign of Initiator (ABB)	Name & Sign of Admin / PG Manager	Sign of HSE Officer (ABB)

WORK PERMIT DISTRIBUTION

1st Copy (White): Contractor	2nd Copy (Green): Safety Department	3rd Copy (Yellow): Initiator	4th copy (Blue): Admin / Security
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COMPLETION OF WORK	Permit Closed By (Name): <i>[Signature]</i>	Time: 6:00	Date: 31-01-2023	Sign: <i>[Signature]</i>
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