



# ENDURANCE TECHNOLOGIES LTD.

## GENERAL WORK

Ref. no. ETL / CORP. EHS / F-04  
 Ref. date: 01.04.2021  
 Rev. No. 01

Permit No.:  
 Cross Ref. / LOTO No. (If applicable):  
 Permit Receiver name of Agency / contractor:  
 Work location / Department:

Date and Time: 3-02-2023 / 9:00-11:00 AM  
 Date and Time:  
 Permit issuer name: Nileesh Sr ✓  
 Plant / Section: E-71 ✓

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

### I) Please carry out the following work :

Sr.	Job description (Pl mark right tick wherever applicable)	Sr.	Check List (Pl mark right tick wherever applicable)
	Working at Height (Below 3 mts.)		at location / machine :
1	cleaning (Dry / Wet Mopping)	1	Availability of appropriate equipment for work
2	Floor painting (Epoxy / Normal Painting work)	2	Electrical equipment with 3 pin top
3	Floor repair work / Civil work on Ground	3	Barricade of area (If Require)
4	Office Tube cleaning / Glass Cleaning	4	Required PPE's provided (Safety belt, helmet, hand gloves and safety shoes)
5	Any other work (Please Specify)	5	Visibility in the area (Use portable light if require)
		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 (E/M/L)	Available control measures	Check
1	U.S.B. Belting yesh work	hand and feet injury	L	Sitty go shoes helmet	✓ ✓

### 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	रवि कुमार	21001681		Pritesh	5 year	PrinDale	✓
2	गिरि नारायण	20221622	7/06/2023				
3	शिव						
4							
5							

(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	User Department Supervisor	Area HOD	Plant HR (After verifying CSM)	Plant EHS	Operation Head / Production Head

### IV) 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)

### V) Remark and Signature of User department on closure of work permit:

Note: Distribution of Permit copy 1<sup>st</sup> Copy with contractor who is doing job ; 2nd Copy with EHS officer and 3rd Copy with Security

### Renewal of permit

Renewal of Permit is allowed for 24 hours on continuous work

Date	Time		Authorized by Approving authority (Plant Head / Operation Head)	Approval From COO / President Operations Received
	From	To		