

ENDURANCE TECHNOLOGIES LTD.

GENERAL WORK

Re.No. ETL / CORP. EHS / P-04
 Rel. date: 01.04.2021
 Rev. No. 01

Permit No: **2424** Date and Time: **25/12/23** **9:00**
 Cross Ref. / LOTO No.(If applicable): Date and Time: **25/12/23** **17:30**
 Permit Receiver name of Agency / contractor: **Technomen Service** Permit issuer name: **RAKESH**
 Work location / Department: **Powder coating** Plant / Section: **1136/1137**

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 : **conveyor service** at location / machine : **Pt line**

Sr.	Job description (Pl mark right tick wherever applicable)	Sr.	Check List (Pl mark right tick wherever applicable)
	Working at Height (Below 3 mts)	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	Barrication of area (If Require)
3	Floor repair work / Civil work on Ground	4	Required PPE's provided (Safety belt, helmet, hand gloves and safety shoes)
4	Office Tube cleaning / Glass Cleaning	5	Visibility in the area (Use portable light If require)
5	Any other work (Please Specify) conveyor	6	Continous supervision
	service work	7	MSDS safety instruction read for cleaning chemical
		8	Any other, Please specify:
		9	

Sr. No.	List of Activities	Hazard Identification	Risks level (H/M/L)	Available control measures	Check
1	Broken conveyor service work and trial	Rotation injury	M	use helmet safety shoes HAND gloves	

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	Sachin wadkar	4010/32/382					
2	S.M. Purnu						
3	A.G. Burde	790/00/000					
4							
5							

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	User Department Supervisor	Plant HR (After testing CSN)	Plant EHS	Operation Head / Production Head

Work Start date and time	Work Complet date and time	Estimated Time	Work completed	Quality of work (Average, Satisfactory, Good)
10:35				

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

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

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