

Safety Check Sheet - Furnace Shut Down/ Confine Space

Work Start Date: _____ Work Start Time: _____ Work Stop Time: _____

Note:

- 1) Confine space work is valid only for one day & time limit 9 am to 5:30 pm.
 2) Working Extension of time approve by the Plant Head Only

1	Department/ Area	
2	Name of Equipment (at work is carried out):	
3	Details of work to be carried out	
4	Name of the Contract Party	
5	Name of Contract Supervisor	
6	Name of person (TPI Supervision)	
7	Number of person going inside the Confine space	
8	Name of persons carrying out the job	
9	Name of standby person / Supervisor	

Sr. No.	Safety Check Points - Furnace Shut Down	Remarks	Sign (Issuer/SO)	Sign (User)
1	Has all the hazardous material been removed from the area/equipment ?			
2	Has the equipment/ area been electrically isolated. (Entire shut down of Equipment & Sub ancillary equipments??			
3	Lock-out Tag out of Equipment all energize source is completed??			
4	Has the equipment/ area been adequately segregated From the hazards in the vicinity?			
5	Has the equipment & connected pipelines are made free of hazardous material?.			
6	Has the pressure of equipment brought down to atmospheric level?			
7	Has the temperature of equipment/area brought to ambient level?			
8	Ensure equipment is free from toxic atmosphere & check Oxygen level.			
9	For air circulation inside Furnace Are both sides front cover open as well bottom middle side 3 no's radiator shall be open for better air circulation.??			
10	Are arrangement of Exhaust blower & Air blower for better Air circulation ?? (Exhaust blower to remove the air inside the furnace. & Air blower supply fresh air inside & surrounding of work area)			
11	Entry attendant must be available at the confined space entry spot. If inside furnace work there should be 2 entry attendant available. Mentioned Name of the persons??			
12	Has the entry log sheet kept at the confined space entry door.?			
13	Mention what kind of tools will be used.			
14	Fire extinguisher CO ₂ / DCP kept ready at work site.			
15	Have the persons carrying out the activity been provided with proper personal Protective equipment-(Helmet, Safety shoes, Goggles, face shield, gloves.			
16	Sliding tray to be provide to person who going inside the furnace. Person enter inside the furnace with slipping on the sliding tray/ trolley. This sliding tray/ trolley helps us to pull back during emergency if inside person is in unconscious stage.			
17	Oxygen meter for measurement of oxygen level inside the furnace before start of work. Write the current Oxygen level % _____			
18	Has the adequate Illumination and Oxygen (between 19.5 to 23.5 %) level ensured.			
19	Please give the reference of any other permit used.			
20	Any other instruction.			

Site clearance before start of work to be given by Maintenance, Production & Safety.

Name & Sign Production Dept. : Date : _____ Time : _____ Sign: _____	Name & Sign Mechanical Maint. Dept. : Date : _____ Time : _____ Sign: _____
Name & Sign Electrical Dept. : Date : _____ Time : _____ Sign: _____	Name & Sign HR/Safety Dept. : Date : _____ Time : _____ Sign: _____

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N.B.- I/ We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/ us.
I/ We shall abide and implement these while working.

Name & Sign Contractor (If any). :

Date : _____ Time : _____ Sign: _____

Note for Work :

- 1 It is the responsibility of (Company Engineer & Contractor Supervisor) to follow the safety precautions mentioned in this check sheet & supporting permit.
- 2 Site conditions must be personally checked by check sheet user and issuer (Initiating Department / Production Department / relevant Dept.)
- 3 Before starting the job, Issuer should review the impact of the activity on any other activities in the vicinity and vice versa
- 4 The Contractor / Supervisor should ensure that all employees deployed on the job are physically and mentally fit to carry out the job.
- 5 The Supervisor should ensure that the person carrying out the job fully understands the job and necessary precautions to be taken during work.
- 6 This original check sheet should be displayed at site while carrying out the job.
- 7 This permit is valid for the prescribed period only.
- 8 In case of emergency, the Check sheet issue/ permit should be cancelled forthwith & reissued after the emergency is over & the area is declared safe.

Extension / Deviation of Work Approval By Plant Head

Work Start Date: Work Start Time: Work Stop Time:

Work Extension Date: Work Extension Time Up to: Work Stop Time:

Plant Head Approval:

Date : _____ Time : _____ Sign: _____

Deviation Details:

