



# ENDURANCE TECHNOLOGIES LTD.

## GENERAL WORK

Rel. date: 01/04/2021  
Rev. No: 01

Permit No: <b>41</b>		Date and Time: <b>03/08/2021</b>
Cross Ref. / LOTO No (If applicable):		Date and Time:
Permit Receiver name of Agency / contractor: <b>metanast</b>		Permit lower name: <b>SUDHIT KUMAR</b>
Work Location / Department: <b>m/c shop</b>		Plant / Section: <b>4/6/19</b>

*In case of Emergency, Stop work immediately and fast walked toward safe assembly point & wait for next instruction*

I) Please carry out the following work:		at location / machine:	
Sr.	Job description (If mark right tick wherever applicable)	Sr.	Check List (If mark right tick wherever applicable)
	Working at Height (Below 1mtr.)	1	Availability of appropriate equipments for work
1	cleaning (Dry / Wet Mopping)	2	Electrical equipment with 3 pin top
2	Finish painting (Epoxy / Normal Painting work)	3	Restriction of area (If require)
3	Finer repair work / Card work on Ground	4	Required PPE is provided (Safety belt, helmet, hand gloves and safety shoes)
4	Oxygen Tube cleaning / Glass Cleaning	5	Visibility in the area (Use portable light if require)
3	Any other work (Please Specify)	6	Continuous supervision
	<b>Other work</b>	7	MMS safety instruction card 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
	<b>m/c DEET work</b>	<b>Hand injury</b>	<b>M</b>	<b>Hand glove</b>	<b>OK</b>

III) Contractor Information with Declaration (I have understood the hazard and risk involved 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	<b>Sudhit Arora</b>	<b>150927524</b>	<b>16/1/22</b>	<b>Sudhit Arora</b>	<b>GTJ</b>		
2	<b>Shanay Kumar</b>	<b>13062202828</b>					
3		<b>060310</b>	<b>6/1/22</b>				
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:			
Name of Person:			
Designation:	User Department Supervisor	Area HOD	Plant HIL (After verifying COO)
			Plant EHS
			Operation Head / Production Head

IV) Work completion (Closure of Work Permit):				
Work Start date and time	Work Complet date and time	Estimated Time	Work completed	Quality of work (Average, Satisfactory, Good)
<b>3/8/2021</b> <b>10:00</b>				

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		