Sr	No.:	2614
91.	140	

Agency and a second		General W	ork Permit	3814-61-12	DATE -04/-6/29
				· ·	Jp to Time- (9!30
This permit is valid from validity - Tick whichever	Date: 047 124	Time: 1613 c	ours shift)	to Date: OS / OC/	
Validity - Tick whichever Shift - General Shift, Shift	applicable: Valid for a si	Conera 1			- in
Shift - General Shift, Shift (This General work perm	it is applicable to all the	works to be carri	ed out by the e	xternal agencies and Int	ernal agencies.
Contractor Company Na	me: Sumit fr	erprice			
Work location - AT	Building				
Scope of work - A	luminium Part	itim			
(Tick which ever applical	ble)	7	Oil coolant wor	rk	
2 Machine Mainter	nance	8	Machine Modi	fication/Installation	1 1 1
3 Civil work		9	Other work		
4 Carpenter work 5 Electrical work		10			
6 Chemical work				,	
					s which are ensured while
I (Bosch contractor c	oordinator and contra	actor) agree fo	or the following	ng safety precaution	s which are ensured while
executing the describ	ed work.	•			
Tick(√) which is appli	cable				
1 All Electrical/Med	chanical Equipment prop	erly checked(Y)	N/ NA	a share water find	
2 Ladders 'A' type	in good condition with F	ISE Released (Fa	ii neight of belo	ow 2.5M) Y/ N/(NA)	
3 Proper illuminati	on and ventilation provid	ned at the work p	JIACE (TAN) NA		
4 Work area cordor 5 Fire extinguisher	ned/barricaded. Y/ N/ (N (CO2,ABC) available at th	ne location Y/ N	/(NA)		
6 Electrical connec	tion/Disconnection done	by authorized p	erson(Y) N/ N/	A	
7 LOTO provided Y	/ N/(NA				
8 Uses of PPE's in g	good working condition w	/ith ISI mark (Y/)	N/ NA		
9 Work done by un	der supervision of super	visor (Y/\N/ NA			11/11/1
10 COVID-19 preven	tion awareness provided	i.e. use of quali	fied face mask	and social distancing (Y	N/ NA
	TO THE MANUELLE DE	OUUDED			
PERSONAL PROTEC	TIVE EQUIPMENT RE				OTHER (SPECIFY)
SAFETY SHOES	SAFETY HELMET	SAFETY GOGGLES	EAR MUFF/PLUG	HAND GLOVES	OTHER (SPECIFI)
NOTE - (Before signature	e)				
NOTE - (Before signature	checked the location and a	rrangements mad	e to execute the	job in safer manner. During	g executing job the above
NOTE - (Before signature 1) AUTHORISATION has been mentioned safety measures	n checked the location and a has to be followed strictly by	y the executing co	mpany.		
NOTE - (Before signature 1) AUTHORISATION has been mentioned safety measures 2) ACCEPTANCE BY JOB under	n checked the location and a has to be followed strictly by rstand the work to be done	y the executing co	mpany.		g executing job the above kers will strictly follow the all
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	200	General V	Vork Permit DATE - 10/66/14
This	District Date of the Control of the	Time: 11	AM/PM To Date: \$ 5/4 6/24 Up to Time- 5. 20 pm
validi	ermit is valid from Date: * 5 / * 4 / 44 ty - Tick whichever applicable. Valid for a	shift only (for 8 h	ours shift)
Shift -	General Shift, Shift:1st, Shift:2nd, Shift:3r	d Genera	
(This (General work permit is applicable to all the	works to be carr	led out by the external agencies and Internal agencies.
Contr	actor Company Name: Sumil fr	Fryortial	A14
Work	location - AT Rulley		
Scope	of work- Amusinian Ph	mitum	
(Tick v	which ever applicable)	1 0	
1	Painting Work	7	Oil coolant work
2	Machine Maintenance	8	Machine Modification/Installation
3	Civil work	9	AMC service Maintenance
4	Carpenter work	10	Other work
5	Electrical work		
6	Chemical work	1	
	1		
170			tich are ansured w

I (Bose	ch contractor coordinator and contractor) agree for the following safety precautions which are ensured while ting the described work.
Tick(√	which is applicable
1	All Electrical/Mechanical Equipment properly checked Y/ N/ NA)
2	Ladders 'A' type- in good condition with HSE Released (Fall height of below 2.5M) Y/ N/(NA)
3	Proper illumination and ventilation provided at the work place Y/ N/(NA)
4	Work area cordoned/barricaded.(Y), N/ NA
_ 5	Fire extinguisher (CO2,ABC) available at the location Y/ N/NA
6	Electrical connection/Disconnection done by authorized person Y/ N/ NA)
7 8	LOTO provided Y/ N/ NA
	Uses of PPE's in good working condition with ISI mark (Y) N/ NA
_ 9	Work done by under supervision of supervisor(Y), N/ NA
10	COVID-19 prevention awareness provided i.e. use of qualified face mask and social distancing(Y), N/ NA

PERSONAL PROTEC	TIVE EQUIPMENT RE	:QUIRED			
SAFETY SHOES	SAFETY HELMET	SAFETY GOGGLES	EAR MUFF/PLUG	HAND GLOVES	OTHER (SPECIFY)
					•
NOTE - (Before signature	e)			-	
1) AUTHORISATION has been	n checked the location and :	arrangements mad	e to execute the	iob in safer manner. During	e executing ich the above
mentioned safety measures i	has to be followed strictly b	y the executing co	mpany.	Jos in said mainer saint	s executing for the above
				on sequired and my so week	kers will strictly follow the all
safety required instruction w	hile executing the job.	, , , , , , , , , , , , , , , , , , , ,	volved, preceduce	on required and my co-work	kers will strictly follow the all
3) DEPARTMENT SUPERVISO	Runderstand that work is b	eing carried out ir	n my area and I at	uthorized the work.	
AUTHORIISATION (Bosch	ACCEPTANCE	Τ.,			
cc and job initiator)	by job executing/external	Information to	Department		on checked by
	companies.	Super	rvisor	HSE coord	inators/ Clearance
pe: N. L. Sanhar	Sup Name: Ammen Ali	Name:		Name: Sul	win &
SAP Number 7 4 2 1 24	Date/Time: 05/06/24	Date/Time:		Date/Time: 05	-09-24
SAP Number 303735	Signature: DX U	SAP Number:		SAP Number:	1
Mobile:	Mahillan a and a	Signature:		Signature:	25
18525155	Mobile: 9292815792	Mobile:		Mobile: +91-91	30059628
a sa abaala				1	
Spot check					
Date /Time	checked by	Findings			
Extension of permit -					
	ha narmit rita				
Note: Before extending th	T permit, site re-examin	nation shall be d	one and appro	ved by Bosch CC and HS	iE.
Permit extended on up to Date	AUTHORISATION (Bosch cc		NCE by job	Information to department	
& Time	and job initiator)	executing/exter	nal companies.	supervisor	Clearance from HSE
				3 oper 41501	
Completion of work - The	e above mentioned Activ	vity is successful	ly completed a		
Contractor supervisor sign	Bosch cc/Job initiator				ne
Collination	signature	HSE Sig	gnature	Department supervisor	Remarks (if any)
				Signature	in any)
Cita Emana	-				
Note1: Site Emergency Co	ontact Number - 021-35	64-2800, 91300	5962R		

Wo	rk at Height F	Permit (With	a fall he	ight	01 2.5 1	neter o	r more	1 Date:	2511112
	This permit is valid from	ever applicable. Vi	alld for a shif	t only	(for 8 hour	s shift)		1.	Job Location:
	Shift: Gen, Shift: I, Si (This is applicable to is done in non routing	work done by extern	nal agencies.	Also, i	t is applicable	e Internally	, when helg	iht work	the lap
Α.	Any other type of per Job Description:	EUD JOH	Spank	Ter	MOSK	_			
В.	I (Bosch contractor co	ordinator and contra	ctor) agree for	the fe	ollowing safe	ty precautio	ns which ar	e ensured wi	alle executing the
1	Proper staging/scaffolds			8		-	-	working at h	
2	Staging/scaffolding supp			9		and the second second second second second		vided at work	place
3	Toe board uniform & str		r adp	10		taken to avoi		azards	
5	Ladders 'A' type- in goo			12	Persons wor	king around		ork are inform	ned about work and
6	safety belts/ body hame			13	Safety belt is		nected to the	anchorage lo	cated above the
	standards are used Safety net provided (if ti				worker(not a	t the same h	eight or belo	the level of	worker)
7	the risk involved with joi			14	Precautions	taken to avol	d failing of to	ools	
C.	PERSONAL PROT	ECTIVE EQUIPM	ENT REQUI	RED					
Safet	y Helmet Safety Shor	Full Body Harnes	s Safety Go	ggle	Ear Muff	Retractabl	e Fall arresto	or	Others(specify)
D. A	cceptance of Per	mit conditions i	by the	E	osch CC a	nd Joh In	Itlator		
9X6¢	cuting/external ag	ency							
th og in com which solely	e and undertake to abide, requirements while carry in my agent, employee, resplying with even a single may result in any loss or responsible.	ing out the works, eithe presentative. Any brea safety regulation menti damage to life or prope	r by myself or ich or fallure oned above irty, I shall be	Bosc Signa	bb in safer mai sures has to b	nner. During	executing the least of the leas	nd the arrange a job the abov executing com	ments made to execute e mentioned safety pany.
	-	,		F. C	Department	Supervis	or:		
Contra	actor Supervisor Name:	Signature (D	Marrie .	l'm a	ware of the jo	b being exec	uted & perm	it the job exec	aution, subject to the full
_	Time:	Mobile No.	इ.०२०१०				tioned condi	tions/safety m	
				1144	o .	-	. NO.	Signature:	
	100127 F . 1801	Signature へいへん (1		G. F	: Da Responsibl	e HSE fur	Ph N	o:	
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04, T 05.	INII KUSHO	gra - 3tie	1(4)	start,	subject to the	full compliar	d above and nce with the	permission is above-mention	given for the work to ned conditions/safety
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18. <u>8</u> .	outgesh sho	व्यक्ष — व्यक्ति	प काल	Nam	e: Tanvi	Au	thorised Star	ature HSE -	Function
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Н	Spot Checks by B Date/Time	Who(checked)	Fig. 4						
ı	75/41/23		Finding	js					
	23141125								
		Inand	V						
!	Extension of perm Note: * Before ext	nit ; ending the perm	it, site re-e	xamiı	nation sha	II be done	and per	mit is app	roved by HSE
	Date Signat	ture of	Signature	e of	Departn			Extended	
	Execu	ting /external y Supervisor	Job initiat		supervis		up to		HSE/Safety
ŀ	711/00 man	- Outon visor	(Bosch C		+		(Date/T		supervisor
	MILL	,		gsla		•	9:00	more (1 Janus
J	Completion of Work	ork: The above	mentioned	activ	ity is succ	essfully	complete	d and the	place is safe
ı	Contractor '	Bosch CC Sign	ature	Joh	Initiator S	Signatura		De	
	supervisor Signature			-00	atti	-ignature		Departme Signature	ent supervisor
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	Note1: In cas	Bosch CC	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		-				

se Bosch CC and job initiator are same, single signature from him is acceptable Note2: Site Emergency Contact Number - 021-3564-2800, 9130059628

Note3: This work permit system needs to be followed for a lesser height whenever there is a more stringent local statutory requirement that is applicable. (e.g.: factory rules etc.)

No.: 595

Work at Height Permit (With a fall height of 2.5 meter or more)

		organic a			-	-				
	This permit is	s valid from	1: Dt: 15/0 8/23 TIM	ooto too	AM/P	M Is Die (5	108/23	Time: 5	30	
			ever applicable. Va							Job Location:
			hift: II, Shift III. work done by extern					, when he	ght work	ccBuildin
	is done in n	on routing	e /non identified area	5						ccBuilding AT Bulling
A.		pe of per	mit issued for the job	:		1.7	[/			
	Job Descrip	tion: S	Wen Filly	ct 14	Wind	lowing safe	ty precaution	no which o	re ensured w	hile executing the
В.	described w	ork			-		and the same of th	-		
1 2			ing, platform & handrails		8	ASSESSMENT OF THE PARTY OF THE	COMPANY AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	THE RESERVE OF THE PERSON NAMED IN	in working at i ovided at work	
3	Toe board un	-	ported properly and wel	1 section	10	THE RESERVE THE PARTY OF THE PA	taken to avo			
4	Ladders 'A' t	ype- in goo	od condition with rubber	grip 🖊	11		ordoned/barr			med about work and
5	Elevated leve	els are prov	vided with safe access (and egress	12	safety preca	utions			med about work and
6	safety beits/ standards are		esses/other PPEs meet	ing IS	13	Safety belt in worker(not a	s always con at the same h	nected to the eight or being	e anchorage k ow the layel of	ocated above the worker)
7		ovided (if t	he job is more than 6 m	eter or as per	14	Precautions	taken to avo	ld falling of t	ools	
C.			ECTIVE EQUIPME	NT REQU	IRED					
		afety Sho				Ear Muff	Retractab	e Fall arrest	lor	Others(specify)
	V	V	V		$\overline{}$					
	euting/exte		mit conditions b	y the	E. B	osch CC a	and Job In	itiator		
			without fall, the above i	mentioned	Thor	bove lob loca	tion has bee	n checked a	nd the arrange	ements made to execute
a EU. CA	requirements v	while carry	ing out the works, either	by myself or	the jo	b in safer ma	nner, During	executing th	ne job the above	ve mentioned safety
In con	nplying with eve	n a single	safety regulation mentic	oned above	Indas	ares mas to b	a lollowed st	Cuy by trie	executing con	ipaciy.
	may result in a responsible.	ny loss or	damage to life or proper	ty, i shall be				Da.	2.1.	
_		_ '1			Bosci Signa	ture	Job Initia Signatur		often	
Contr	ractor Name:	Sumf	Enterpris	4	Date/	Time:	Date/Tir	ne 15/	28/2002	
			•	\	F. D	epartmen	t Supervis	or:	2 003	
4	actor Superviso		Signature	\circ	l'm a	ware of the lo	b being exec	uted & perm	nit the lob exec	cution, subject to the full
Date/	ชหนะเน 🧍 Time:	\mathcal{M}	Mobile No	Ζ.					itions/safety m	
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Note2: Site Emergency Contact Number - 021-3564-2800, 9130059628

Note3: This work permit system needs to be followed for a lesser height whenever there is a more stringent local statutory requirement that is applicable. (e.g.: factory rules etc.)

Ed-03, RBEHS WP-04, Date-27-11-2013



No.: 594

	BOSC						motor (or mor	e) Date	:
W	ork at He	eight]	Permit (With	a fall h	eigh	01 2.5	meter	71	122	
	JIK at II.		Permit (With	10:30	AM/P	M ID Dt: (108 23	Time: 5		Job Location:
	This permit I	valid from	n: Dt: 14 D 0 25 1		e ont	vitor 8 hour	s shift)			1 1
	Validity (T	ck which	h ever applicable. Va hift: II, Shift III. In work done by extern te /non identified area	illd for a sn	Also	ta applicab	le internati	y, when he	ight work	recticentre cc Building
	J Shift: Gen,	3111111111111	week done by extern	al application	Viao,	t in approca			10	oc Bullaning
	is done in	OH TOO							D 6	
Α.	Any other t	ype of pe	rmit issued for the job	ng in	wi	ndow C	s www.	one which	are ensured w	hile executing the
_	I (Bosch cor	tractor c	SUCON FILLI	ctor) egree fo	or the f	ollowing ware	ny process	- dense	in working at h	neight 1
B.	Described w	or affold	ing, platform & handrails	provided	В	Workers are	having pas	t expenence ventilation p	rovided at work	place
2	Staging/scaff	olding sur	ported property and wel	l secured	10	Precautions	teken to av	old electrica	hazarda 1	
3	Too board u	Morm & st	able od condition with rubber	-	11	Work area o	ordoned/ba	ricaded.	work are inform	ned about work and
5	Ladders A (de are on	vided with safe access a	and egress	12	Persons wor safety preca	utions	() a a los o		cated above the
	Elevated levi	body harr	nesses/other PPEs meet	ing 13	13	Safety belt in worker(not a	s always cor it the same l	nected to the	ow the level of	cated above the worker)
6	standards an	ovided (if	the job is more than 6 m	eter or as per	14	Precautions	taken to avo	old falling of	tools	
7	the dek lower	ad with io	0 /			,				
C.			Full Body Harnes	Safety G	oggle	Ear Muff	Retractat	le Fall arres	itor	Others(specify)
!		Safety Sho								
D. /	cceptance	of Per	mit conditions b	y the		osch CC				
	cuting/exte		without fail, the above I	mentloned	The	above job loca	tion has bee	on checked	and the arrange	ements made to execute rementioned safety party.
12)	requirements v	While Carry	without fall, the above in the works, either appresentative. Any break perfect regulation mentic	ch or fallure	the jo	ob in safer ma sures has to b	nner, During e followed s	idetly by the	executing com	pany.
in cor	gh my agent, er	nployee, in a single	safety regulation mention damage to life or proper	ned above rty, i shall be				().	my was	7
soleh	responsible.					h CC	Job Initi Signatu	ator S	3035/8	W
Cont	ractor Name:	المحدرح	t Enterprise	l		ature /Time:	Date/Ti	me /	1410	
		>u''			F.D	epartment	Supervi	sor:		
Contr	actor Supervise	or Name:	Signature	50	l'm a	ware of the io	b being exe	cuted & per	mit the job exec	ution, subject to the full easures.
,	toman,	AU	Mobile No		comp	liance with the	em-evods	ntioned cond	ditions/safety m	easures.
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•	Note: * Be	fore ex	tending the permi	t, site re-e	xamir	ation shal	l be don	and pe	rmit is appr	oved by HSE
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		одолю	y capairios:	1000011	,			(Dato)	iiioj	supervisor
J	Completio	n of W	ork: The above n	nentioned	activ	ity is succ	essfully	complete	d and the	place is safe
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	Notet	· In ooo	e Bosch CC and							

Note1: In case Bosch CC and job initiator are same, single signature from him is acceptable Note2: Site Emergency Contact Number - 021-3564-2800, 9130059628

Note3: This work permit system needs to be followed for a lesser height whenever there is a more stringent local statutory requirement that is applicable. (e.g.: factory rules etc.)

An expense district to the	· ·	140
BOSCH	to a more)	Date:
Moight Permit	(With a fall height of 2.5 meter or more)	

Wo	rk at Hei	ght P	ermit (With	a lan ne		1.1	141. 2	Time: MA	20	
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Α.	Job Descripti	on:	ordinator and contrac		the fo	llowing safe	ty precautio	ns which are	ensured w	hile executing un
В.	I (Bosch cont	ractor coc	ordinator and contrac	tor) egree for	THE IC	mounty care		evendence in	working at h	eight L
	D tening	/acaffoldin	g. platform & handralls	provided	-	Workers are	having past	entilation pro	vided at work	place
1 2	Staging/scaffo	ding supp	orted properly and well	secured	10	Precautions	taken to avoi	d electrical h	azards	
3	Tee board unit	form & stat	olo		11					ned about work and
4	Ladders 'A' tyl	e- in good	condition with rubber	nd egress	12	Persons wor	king around t utions	the area of w	ork are inform	ned about work and
5	Elevated level	s are provi	ded with safe access a	ng IS	13	Safety belt la	always conf	nected to the	anchorage lo	ocated above the worker)
6	safety beits/ b	ody hame	sses/other PPEs meeti	ter or sa par	1	WOLKELLIOUR	taken to avol			
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C.	PERSONA	L PROTI	ECTIVE EQUIPME	NT REQUI	RED	- 11.4	Betradahl	e Fall arresto	r	Others(specify)
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exec	cceptance cuting/exte	mal age	ency							made to execute
i agre-	e and undertake requirements w	to abide, while carrying	without fall, the above n	h or failure	The a	bove job loca b in safer mai ures has to b	e followed str	ictly by the e	xecuting com	ements made to execute ve mentioned safety spany.
through	h my agent, em	n a single s	afety regulation mention amage to life or proper	ned above ty, I shall be			(1)	www	B-10	115am
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	OCHA ALA	Αlú	Dar	0	F.D	epartment	Supervis	or:		
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			y Supervisor	(Bosch C		Supervis	sor	up to (Date/T	ime)	HSE/Safety supervisor
								,,,		34001 11301
	1.									
J	Completion resume	n of W	ork: The above i	mentioned	activ	ity is succ	essfully o	complete	d and the	place is safe
	Contracto		Bosch CC Sign	ature	Job	Initiator	Signature		Departm	ent supervisor
	supervisor Signature						-	Ì	Signature	e
	Signature									
					• •					
	NI-4-4	· In coo	e Bosch CC and	1.1.1.1.						

Note1: In case Bosch CC and job initiator are same, single signature from him is acceptable Note2: Site Emergency Contact Number – 021-3564-2800, 9130059628

Note3: This work permit system needs to be followed for a lesser height whenever there is a more stringent local statutory requirement that is applicable. (e.g.: factory rules etc.)

Ed-03, RBEHS WP-04, Date-27-11-2013



		59628	64-2800, 91300	5-107 Collect Admber - 021-3564-2800, 9130059628	_
nemarks (if any)	Signature		7		Note1: Site Emergency Co
	Department supervisor	nature	HSE Signature	signature	A STATE OF THE PARTY OF THE PAR
6	nd place is safe to resur	y completed ar	ity is successful	Bosch cc/Job Initiator:	Contractor supervisor sign
			4	above months	Completion of work - The
			A	200000000000000000000000000000000000000	
Clearance from HSE	Information to department supervisor	nal companies.	, executing/external companies	and Job Inhiator	1 1116
ŗ.	ed by Bosch CC and HSE	one and approv	anon shall be d	AUTHORISATION (Bosch cc	Permit extended on up to Date AUTHORISATION (Bosch cc
				ne permit, site re-examin	Extension of permit - Note: Before extending th
				Franker	
			Findings	JOHUN Y	26111123
					Date /Time
91-9130059628				05050 E 73 b	Spot check
	Signature:		Signature:	Mobile:	TILCOTALL : allgow
2 2 30 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ime:		SAP Number:	$ \sqrt{} $	155 65 acc
location checked by HSE coordinators/ Clearance	0		Supervisor Name:	companies. Sup Name: Say 19000	
		Department	Information to	ACCEPTANCE by job executing/external	CSand Job initiator) /
	thorized the work.	my area and I au	eing carried out in	The stand that work is be	authorized the work is being carried out in my area and I authorized the work.
kers will strictly follow the all	precaution required and my co-workers	voived, precautio		hile executing the job.	DEPARTMENT SUPERVISOR understand at the job.
checulify job the above		mpany.	, safety hazards in	rstand the work to be done	2) ACCEPTANCE BY JOB understand the work to be done, safety hazards involved
	job in safer manner. During execution	le to execute the j	rrangements mad	has to be followed strictly by	mentioned safety measures has to be followed strictly by the popular
	7	5		a)	1) AUTHORISATION has been
OTHER (SPECIFY)	HAND GLOVES	PUNITARIA MARIA	-		1
		EAR .	SAFETY GOGGLES	SAFETY HELMET	SAFETY SHOES
T/ N/ NA	A Substitution		QUIRED	TIVE EQUIPMENT REQUIRED	PERSONAL PROTECTIVE
	and social distancing	fied face mask	i.e. use of quali	revention awareness provided i.e. use of qualified face mask and social distancing	even or an even
		NA NA	visor Y/N/NA	Work done by under supervision of supervisor Y/N/NA	9 Work done by un
				7 NA	
	P	erson V/N/N/	by authorized p	Electrical connection/Disconnection done by authorized person VANANA	_
			P location What	(CO2,ABC) available at the	Fire extinguisher (CO2,ABC) availa
	OW 2.5M) WHY NA	place Y/ N/ NA	ed at the work	on and ventilation provid	
	1 1	NA NA	erly checked Y/	Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A' type— in good condition with HSE Released (Eall half-the Ladders 'A') (Eall half-the Ladde	
				cable	1 All Flottical Mach
s which are ensured while	ng safety precautions	or the following	and contractor) agree for the following	oordinator and contra	I (Bosch contractor coordinator executing the described work.
					6 Chemical work
	Taintenance	Other work	110		5 Electrical work
	Machine Modification/Installation	Machine Mod	9 8		11
	TK	Oil coolant wo	7	Pance	2 Machine Mainter
) TEN	do 1000/	(Tick which ever applicable)
and Internal agencies.	external agencies and in	en out by the e	Enterprises	me: Sumit &	Work location - 3118
			Works to be see	it is applicable to all the	(This General work permit is applicable to all the works to be partial.)
Up to Time - 05 130 120 23	AM/PM To Date; 26 /12/23	AM/PM	Time: 1 1 86	applicable, Valid for a st	validity - Tick whichever applicable. Valid for a shift only (for 8 hours shift)
		General Work Permit	General V		
100		A STATE OF THE PERSON NAMED OF THE PERSON NAME	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN		

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Sr.	No.:	1768
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				•	JI. 1100	
		General V	Vork Permi	lt		
					DATE -	
This permit is valid from	Date: 25 12 2093	Time: 10100	AM/PM	To Date: 25 12/20	Up to Time- 05130 Pか	
validity - Tick whichever Shift - Gene A+Shift, Shift	applicable, valid for a s	thirt only (for 8 h	iours shift)			
(This General work perm	it is applicable to all the	works to be carr	ied out by the	external agencies and I	nternal agencies.	
Contractor Company Nat Work location -	me: Samit a	enterpois	28			
Scope of work -	The same of the sa		1	100		
(Tick which ever applical	Ciuil work	- Choi	J 402	16)- 131127	o Pami gory	
1 Painting Work	ore j	7	Oil coolant we	ork		
2 chine Mainter	nance	8		lification/Installation		
3 Civil work		9	AMC service	Maintenance		
4 Carpenter work 5 Electrical work		Other work				
6 Chemical work						
o Chemical Work						
L(Bosch contractor o	oordinates and and					
executing the describ	oordinator and contr	ractor) agree fo	or the follow	ing safety precautio	ns which are ensured whi	
	ou work.					
Tick(√) which is appli						
1 All Electrical/Med	hanical Equipment prop	perly checked Y/	N/NA			
2 Ladders 'A' type—	in good condition with	HSE Released (Fa	Il height of hal	ow 2.5M) ¥/N/NA		
Proper illumination	on and ventilation provide	ded at the work	place Y/N/N/	A EISINI) T/ N/ NA		
Work area cordor	ned/barricaded. Y/ N/ N	A			<u> </u>	
Fire extinguisher	(CO2,ABC) available at t	he location Y/N	≠NA			
6 Electrical connect	tion/Disconnection done	by authorized r	person Y/N/N	Δ		
	/N/ NA			A-		
8 Uses of PPE's in g	ood working condition v	with ISI mark YA	N/NA			
yvork done by un	der supervision of super	nicor VI at I ata-	_			
10 COVID-19 preven	tion awareness provided	i.e. use of quali	fied face mask	and social distancing ৭		
			ned face mask	and social distancing	// N/ NA	
PERSONAL PROTECT	TIVE EQUIPMENT RE	OUIRED				
SAFETY SHOES						
	SAFETY HELMET	SAFETY GOGGLES	EAR MUFF/PLUG	HAND GLOVES	OTHER (SPECIFY)	
					- I	
NOTE - (Before signature)					
 AUTHORISATION has been 	checked the location and a	arrangements mad	0 to 000 001			
1) AUTHORISATION has been mentioned safety measures h	has to be followed strictly b	v the executing co	mnany	job in safer manner. Durin	g executing job the above	
ACCEPTANCE BY JOB unde	rstand the work to be done	. Safety hazarde in	rebeat			
safety required instruction w	hile executing the job.	, indeards in	voived, precautio	on required and my co-wor	kers will strictly follow the all	
3) DEPARTMENT SUPERVISO	Runderstand that work in h					
3) DEPARTMENT SUPERVISO	Transcription that Work is D	eing carried out in	my area and I at	thorized the work.		
1	ACCEPTANCE					
cc and job initiator)	by job executing/external	Information to	Department			
	companies.	5uper	visor	location checked by HSE coordinators/ Clearance		
Vame: Frs-thanding	Sup Name: 5019000	Name:				
11111111111	Date/Time:	Date/Time:		Name: GoVIY	Inamour	
ignature:	Signature:	SAP Number:		Date/Time: 25112132		
Mobile: 20070767		Signature:		Signature: Cimil		
911-9-1-1-1	Mobile: 9823 30000	Mobile:			30059628	
pot check					-0033020	
late /Time			_			
	checked by	Findings				
25/12/23	Tonviv					
	mamagy	1				
utonsion -f						
xtension of permit -						
Note: Before extending the	e permit, site re-examin	ation shall be				
Permit extended on up to Date	ALITHOPISATION	and a stall be do	ne and approv	ed by Bosch CC and HS	E,	
& Time	AUTHORISATION (Bosch cc	ACCEPTANT	CE by inh	Information to department		
75/12/2	() () () ()	executing/extern	al companies.	Supervisor	Clearance from HSE	
C8 11-10 PM	1 X MONOWING J. J.	-/XX	0	7		
	Maga allen	-Xm			10PM Kilhogenolo	
ompletion of work - The	altova man				theanole	
Contractorsupervise	Basch sellationed Activ	ity is successfully	completed ar	nd place is sets:	-	
Contractor sign	signature	ity is successfully completed and place is safe to resume HSE Signature Department supervisor				
a de la composição de l	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, isoligin	13/	Signature	Remarks (if any)	
al: Sita Ema-	1	an	//	77.50.0	in any)	
41: 2119 Emergency Co	htact Number - 021-35	64-2800 913006	0520			