



EXIDE INDUSTRIES LIMITED, CHINCHWAD
SAFETY, HEALTH AND ENVIRONMENTAL
WORK PERMIT SYSTEM

Doc. No. : CHWEHS/FT-10
 Rev. No. : 01
 Rev. dt. : 28/02/2021

Name of the issuer Atul sir

Sl. No. :

Plant / Place J.f. steel

ESIC NO. :

000000 58

Nature of work

Civil / Fabrication / Electrical / Mechanical / General Repair / House Keeping / Gardening / Others

Name of the contractor

J.B. Nambikar & ASS

Date

From Time

Closing Time

9/01/2024

10:00 AM

5:00 PM

Description of job to be done

Grinding work floor Breaking (Tractor compressor)

Name of the person to be employed

B. Pratikshin Ravi
B. Nandev dhunde

Name & Signature of Supervisor

[Signature]

Hot Work

Working at Height

Construction Work

Confined Space Entry

Excavation Work

Electrical Work

NOTE : The work permit will be in duplicate. After approval of permit, original pink copy will be given to concerned contractor / Sub Contractor / Working Agency and the duplicate remain in the book i.e with issuing department For Material Erection High Risk activity Exide Supervision is must. This permit is valid upto 17:00 Hrs. For any extension work after 17:00 Hrs. Approval required from COM and Presence of Exide person (Supervision) is must

PRECAUTION TO BE TAKEN

REMARKS(Y/N)

PRECAUTION TO BE TAKEN

REMARKS(Y/N)

| Hot Work | REMARKS(Y/N) | Working at Height | REMARKS(Y/N) |
|---|--------------|---|--------------|
| Ensure all flammable / combustible materials are removed from work area | | All person working are medically fit | |
| Ensure the pits / drains / holes are covered | | Ensure Safety Helmet is available | |
| Isolate the machine from electrical supply wherever necessary and fuses to be removed | | Quality of scaffold / safety net / ladder are safe for use & tested | |
| Fire extinguishers & water bucket must be provided. Flast Back Arrestors is provided at Gun end and near cylinder | | Full body safety belt is available and unchaining point and lifeline provided in the working area | |
| Ensure that Earthing / ELCB is provided to all the machine including welding machine | | Fully covered platform is provided | |
| Construction work | REMARKS(Y/N) | Excavation Work | REMARKS(Y/N) |
| Ensure that all scaffolding platforms are properly designed and capable of withstanding the desired load | | Whether the under ground cable / route sewage and pipelines in the area are identified & marked | |
| Are the person working on height trained and experienced? | | Electrical cable / pipelines flow shutoff. before exavation | |
| All machine & equipment used are tested as per checklist | | No heavy movement near exavation | |
| Provide secure anchor point & lifeline is provided | | The excavated area should be barricaded & caution Board displayed | |
| Are weather condition is appropriate for the work? | | | |
| Confined Space Entry | REMARKS(Y/N) | Electrical Work | REMARKS(Y/N) |
| Isolate the equipments by closing the inlet valves e.g gas, liquid etc. | | Authorised Electrician & License holder supervisor is available for HT work | |
| Ensure the flammable / igniting materials are removed from the area. | | Electrical equipment's de-energized fuse removed and LOTO applied | |
| Ensure that proper ventilation & illumination is provided | | Tools are connected through industrial plug and earthing | |
| Equipment is examined for oxygen and toxic explosive vapours | | Electrical safety shoes / Electrical handgloves provided | |
| Special permission for hotwork is taken | | Portable tools are doubles insulated | |

Personal Protective Equipments

| | | | | |
|----------------|--------------|---------------|--------------------------------|---------------------------------|
| Safety Helment | Nose Mask | Suits / Apron | Barricades / Screens provided | Fire Blanket |
| Hand Gloves | Safety Shoes | Face Shield | Ear Protection | Probability of leaks / emission |
| Safety Goggles | Safety Belt | Safety Net | Fire extinguisher is available | No smoking is instructed |

Other (Specify) :

Contractor's Permit Declaration :- I agree to work within the conditions indicated on this permit & accept the responsibility as the person directly incharge of the work

Name & Sign of Contractor / Site Engineer

Name & Signature of the Issuer

Name & Signature of the Area Owner

Name & Signature of the Safety Officer

WORK CLEARANCE REPORT

I declare that the equipment is safe for restarting and temporary electrical connection issued on this work all is closed.

Name & Signature of the Contractor

Name & Signature of the Issuer

Name & Signature of the Area Owner

Name & Signature of the Safety Officer

Original Pink Colour - Working agency / Contractor, Duplicate Blue Colour - Concerned Department Please Check backside for Hindi