JENELIYA ENGINEERING

Industrial Multi Services Provider

Service Type: All Type Fabrication Mfg. Civil/Fab Maintainance, Man Power Supplyer, Transports, etc.

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K	ef.:							Date.:	
100	HOT	WORK.	AND HEI	GHT	VORK		Rev. No. 01		
Permit No.:					Date and Time:				7
Cross Ref. / LOTO No.(If applicable):					Date and Time:				
Permit Receiver name of Agency / contractor:					Permit issuer name:				
Work location / Department					Plant / Section :				
	In case of Emergenc	y Siron rece	ive: stop work	immediate	y and fau	t walked towar	d safe assembly po	nt & wait for next in	
1) 1	Please carry out the following wo	rk:					on / machine :		
Sr.		right tick wherever applicable) Sr. Check List (Pl mark right tick wherever applicable						e)	
¥	Working at Height (Above 1.8 n	nts.) / Fragil	e Roof	1	before i	nart work ens	ork ensure fire hazard are controlled and area is		
1	Hot Work (Gas Cutting, Arc we	lding, Gas W	relding)	2	+	Equipement are in good working condition			
2	Repairing / newly fitting sheet at roof			3	Fire Extinguisher and fire blanket provided				
3	Electrical or mechanical fittings			4	Required PPE's provided				
4	Colour / Paint		- 5	(Safety belt, Face shield helmet, hand gloves and safety abows) Pricumatic / Electrical tools in use are safe					
5	DG Set Chimney		6	-	Life line Ropes availability in case of height work			_	
6	Cleaning of roof / Windows			7	Warning sign / Barrier as required Provided				
7	Confined space hot work			+ 1/8	Any other, Please specify:				
8	Any other work (Please Specify)			9	Attendant available				
11)	Job Safety Analysis				4				
Sr. No	List of Activities	Hazard Identif				Riks level (H/M/L)	Available control measures		Check
				*					
11)	Contractor Information with D	ecleration (have understar	nd the haza v employe	rd and ris	sk involed in a	pove activity, take regulation of ETI	full responsbility fo	- CLEANING
ir. Io.	Name of contractor employees	Contracto	The second second second second			or Name	Qualification / Experience	Signature of Perm holder	it Remark
1						4			
2									
3									



		**************************************	employee separate sheet		
IV) Authorization of Work Pern	nit: (I have exam	ined the work descri	ption in the permit and jol	safety analysis found	satisfactory)
Signature			*		
Name of Person					
Designation	User Department	Area HOD	Plant HR (After verifing CSM)	Plant EHS	Operation Head / Produciton Head
IV) Work completion (Closure o	f Work Permit)				
Work Start date and time	Work Complet date and time		Estimated Time	Work completed	Quality of work (Average, Satisfactory, Goo
V) Remark and Signature of Use	r department or	n closure of work p	ermit		*
			· ·	EHS officer and 3rd C	come with Sourcine
			· ·	EHS officer and 3rd C	opy with Security
	y:1" Copy with o	contractor who is do	· ·		opy with Security
Note: Distribution of Permit copy	y:1" Copy with o	Renewal	of permit	ous work	Copy with Security From COO / President
	y:1" Copy with o	Renewal	of permit	ous work	
Nate: Distribution of Permit copy	y:1* Copy with o	Renewal	of permit for 24 hours on continued by Approving sutho	ous work	From COO / President
V) Remark and Signature of Use Note: Distribution of Permit copy Date	y:1* Copy with o	Renewal	of permit for 24 hours on continued by Approving sutho	ous work	From COO / President

