M/S. SAMRUDDHI ENTERPRISES

All Types of Civil & Structural Fabrication Works

Address: Plot No. 28, Gut No. 68, Wadgaon (Ko.), MIDC Waluj, Chh. Sambhajinagar. 431136

Mob.:- 9765890670 Email ID:- samrudhient11@gmail.com GSTIN: 27BVJPK3324C1ZV

			4 4					
HOT WORK AND HEIGHT WORK					Ref. No.			
HOT WORK AND HEIGH				•	Rel. Date:			
Permit No.:					Rev. No.			
Cross Ref./LOTO No. (If applicable)				Date and Time:				
Permit Receiver name of Agency/contractor:				Date and Time:				
Work location/Department				Permit issuer Name:				
***					Plant/Section:			
	In case of Emergency siron receiv	e: stop work immed	liately and f	ast walked toward safe a	ssembly point & w	alt for next instr	uction.	
C.	I) Please carry out the				at location/ma			
31.	Job description (Pl mark right tick wherev	er applicable)	Sr. No		mark right tick		cable)	
	Working at Height (Above 1.8 mts)/Fragile Roof		1	Before start work ensure fire hazard are controlled and area is barricaded				
1	Hot work (Gas Cutting, Arc welding, Gas Welding)		2	before start work ensure fire hazard are controlled and area is barricaded.				
2	Repairing/newly fitting sheet at roof		3	Fire Extinguisher and fire blanket provided				
3	Electrical or mechanical fittings		4	Required PPE's provided (Safety belt, Face shield helmet, hand gloves and safety shows)				
4	Colour/Paint			Pneumatic/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		8	any other, Please specify:				
8	Any other work (Please Specify)		9	Attendant available				
11) 10	ob Safety Analysis							
Sr.	List of Activities Hazard Identifica		ation	Riks level (H/M/L) Available control measures Check			Chack	
				,,,,,,,	The state of the s		CHECK	
_								
		1.500						
				- T-				
_				- 3				
III) (for t	Contractor Information with De raining and safety of my employed	eclaration (I have uses as per EHS rules	understand and regula	the hazard and risk in tion of	voled in above ac	tivity, take full r	esponsbility	
Sr. No.	Name of contractor employees	Contractor ID Card	Valid till	Supervisor Name	Qualification/ Experience	Signature of Permit Holder	Remark	
1				4				
2					- 1 - L			
3		1						
. 4								
5							1	
	l				I		3	

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(In case	more than 5 contra	actor emp	loyee separate shee	t need to attach)		
IV) Authorization of work Permit: (I	have examined the v	work descri	ption in the permit an	d job safety analys	sis found satisfatory)	
Signature					T	
of Person						
Designation	User Area Department HOD		Plant HR (After verifing CSM)	Pnat EHS	Operation Head/ Production Head	
IV) Work completion (Closure of	Work Permit):		× 1 (6404)		rioduction nead	
Work Start date and time	Work Start date and time Work Start date and tir		Estimated Time	Work completed	Quality of work (Average, satisfactory, Good	
V) Remark and Signature of User	department on clo	osure of w	ork permit:			
Note: Distribution of Permit copy: 1st Co	ppy with contractor who	is doing job	; 2nd copy with EHS offic	cer and 3rd copy with	security	
R	enewal of Permit is		of permit or 24 hours on conti	nuous work		
Date	Time		Approving authority (Plant Head/Operation Head	Approval from COO/Prosident		
	From To			11 (rations Received	
		7.72.6				
				4		

