

**PLANT, MACHINERY & OTHER POWER DRIVEN EQUIPMENTS
(GENERAL WORK)**

(To be filled before starting the work and first copy to be retained by initiating dept: Second copy to be handover to job undertaker & third copy to be submitted to Safety Dept.)

- Note: 1) Under no circumstances permitted work should be carried out after the close time of the work permit.
2) Permit should be returned to the initiator on completion of work.
3) This Permit is to be obtained on each day before starting the work.

A) DETAILS:

Name of Site	New building	Name of Agency	Sri Projects
Job Location	Thermax	Work Permit Start Date & time	9.00 am
Job Description	Footings & col ⁿ RIF	Work Permit Close Date & time	5.30 pm

B) CHECKS TO BE CARRIED OUT AT SITE: *Cutting, bending, shuttering, casting & dewatering work and curing work.*

Name of the equipment _____ Tag No: _____

Type of anomaly: M/E/C&I/Others: yes

Electrical isolation done (Yes/NO): yes Mechanical Isolation done (Yes/NO): _____

LOTO applied (Yes/ND): _____ LOTO Key numbers: _____

Flammable substance removed (Yes/NO): yes

Fire/safety personnel required (Yes/NO): yes Extinguisher in place (Yes/NO): _____

Running water available (Yes/NO/NA): yes

Welding involved (Yes/NO): _____ Open flame involved (Yes/NO): _____

Gas analysis report done? (Yes/NO/NA): NA

O2 (19.5-23.5%): NA Explosibility (0%): _____ CO (50 PPM max): _____

CO2 (1200 PPM max): NA PPEs used (Yes/NO): _____

Additional precautions:

Fall protection required (Yes/NO): yes

Ear thing/Grounding done (Yes/NO): yes

MSDS available (Yes/NO/NA): yes

Communication to all concerned (Yes/NO): yes

Barricading/Warning Signs (Yes/NO): yes

Any other requirements (If Yes, please specify): No

Analysis done by: Name yes NIA Signature _____ Date _____ Time _____

Electrical isolation done by: Name Ravi RA Signature R Date _____ Time _____

Mechanical isolation done by: Name _____ Signature _____ Date _____ Time _____

If any of the above criteria required is not met, then do not issue the work permit.

C) AUTHORIZATION:

- Requestor: I accept the conditions stated on the permit and certify that all persons under my control will be made fully aware of the method statement, hazards associated with control measures (see overleaf)
- Issuer: I hereby certify that the Checks/precautionary measures as per Sr.No. B is confirmed. The permit recipient has been informed of all the conditions stated on the permit, method statement, hazards associated with control measures (see overleaf).
- Wherever Safety Officer is not available, Site Incharge will perform the duties of Safety Officer.
- Should the permit not cover the current situation stated than the same will be cancelled and a new permit issued.

	Contractor Supervisor (Requested by)	Site Incharge (Issued by)	Safety Officer (Checked by)
Name	<u>AKSHAY</u>		<u>Praveen</u>
Designation		<u>Site Incharge</u>	
Signature	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date & time	<u>31/8/24</u>	<u>31/8/24</u>	

D) WORK PERMITS EXTENSION REQUEST (IF REQUIRED):

Should the permit be extended the affected/next operating shift will be fully informed about all the conditions stated on the permit, method statement, hazards associated with control measures (see overleaf) and ensured that it is safe for the work to the period stated, provided they are followed and maintained throughout the extended period.

	Contractor Supervisor (Requested by)	Site Incharge (Issued by)	Safety Officer (Checked by)	Reason
Name				
Designation		<u>Site Incharge</u>	<u>Safety Officer</u>	
Signature	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>upto 9.00 pm</u>
Date & time up to				

E) RETURN OF WORK PERMIT AFTER COMPLETION OF JOB:

Maintenance is here by completed and released for operation/Equipments normalized on Date: _____ Time: _____

	Contractor Supervisor (Requested by)	Site Incharge (Issued by)
Name		
Designation		
Signature		
Date & time		

→ TL execution team will ensure all safety in execution period.

Sr. No.	Sr. No.	Hazards associated	Control measures
1.	Manually material shifting work.	Lifting heavy material lead to strain on joint muscle injury poor posture, slip trips and fall.	manually material shifting case of use wheel barrows reqd PPE will be provide to worker safety helmet shoes, gloves, jacket
2.	Shuttering & bar bending cutting work	injury from machine part, flying debris electrical shock & improper or unsafe machine operation	medically fit worker will be deployed shuttering & bar bending work. trained & authorized operator should be operating the machine
3.	Concrete work. curing work	Lifting injuries concrete injuries, chemical burns, Respiratory hazards, slip, trips hazards	calculated & inspected machine will be use for work activity area will be barricaded. work area. gum boot will be provide. Care to be taken during curing works.

PERMIT ISSUED TO THE FOLLOWING PERSONS:

Name of the workmen	Safety Passport available / Induction given	Toolbox talk conducted	Name of the workmen	Safety Passport available / Induction given	Toolbox talk conducted
Bajrangi	10900	for	Ajay	10097	for
Pamchandra	10080	for	Anshu	10094	for
Mahesh	10084	for	abhimon	4979	for
Subhod	10070	for	Jaylesh	9150	for
			manoj	10095	for
			Shivbadan	10098	for
			Bhupendra	10197	for
Rohit			Bipin	10190	for
menohar	9130	for	Rakesh	10192	for
Santol	7137	for	Rohit	9137	for

JSA will be prepared by Site Incharge / validated by Safety Officer and explained to Contractor Supervisor before Permit preparation. Contractor Supervisor will ensure that the persons enlisted above are in possession of Safety passport / inducted; He will also conduct a Toolbox talk which should include conditions stated on the permit, method statement, hazards associated with control measures to be taken. Attach separate list if required.

Sign of Contractor Supervisor
 Name: Akshay
 Date: _____

Sign of Site Incharge
 Name: _____
 Date: 24

Sign of Safety Officer
 Name: _____
 Date: _____