Rev. No.: Document No.: OHS/D22 Format No.: OHS/F22

PERMIT TO WORK ON THERMAX 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 Dapt.)

Note: 1) Under no circumstances permitted work should be carried out after the close time of the work permit.

the the initiator on completion of work.	
2) Permit should be returned to the initiator on completion of work,	
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) DETAILS:		J 1 1 1 1	CILL I			and the same of the same of
Name of Site	New build	ing	Name of Agency		ri Proj-	
Job Location	Therman		Work Permit Start Dat			,00 am
Job Description	footing & col!	PIF.	Work Parmit Close Da		X 15	20 bw
	RIED OUT AT SITE: LULT	ing, bei	nd/ng, Shut	an d	cyring &	work.
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pe of anomaly: M/E/C&	I/Others:	1144	1 1 1 1 1 1		70 F 10	· Collinson and the Landson
lectrical isolation done (Yes/NO):	9,40	Mech Mech	anical Isolation d	one (Yes/NO):_	
OTO applied (Yes/ND):	in white		LOTO Key num	bers:		
lammable substance re-	moved (Yes/NO):		16)			
ire/safety personnel req	uired (Yes/NO):		ا سے ا	Extinguisher in pla	ace (Yes/NO):_	
Running water available	(Yes/NO/NA):		J-es			
	o): <u> </u>			flame involved (Ye	es/NO):	Wind C
	e? (Yes/NO/NA):	18111111	VATORE		Brace 1	2000
02 (19.5-23.5%):			(0%):		(50 PPM max):_	
CO2 (1200 PPM max)_	NA	_ PPEs used	(Yes/NO):	1 	Action to the Contract of the	
Additional precautions	s: (Yes/NO):		yes			
	ne (Yes/NO):			•		
MSDS available (Yes/N			405		1440	
	oncerned (Yes/NO):		yes		101-111	
Barricading/Warning Si	gns (Yes/NO)		90			
Any other requirements	s (If Yes, please specify):		No			
Analysis done by: Nam		HO NIF	Signature	Date		Time
Electrical isolation done	Pauc		Signature	_		Time
Mechanical isolation do	R/A		Signature			
		and innue the w		Bate		rime
if any of the above criter	ia required is not met, then do	not issue the w	ork permit.			
C) AUTHORIZATION:			reone under my control will	he made fully aware	of the method state	ment, hazards
Requestor: I accept the c associated with control m Issuer: I here by certify th on the permit, mothod sta Wherever Safety Officer i	conditions stated on the permit an neasures (see overleaf) nat the Checks/precautionary mea atement, hazards asssociated with is not available, Site Incharge will yer the current situation stated tha	sures sas per Sr.I n control measure perform the duties	No. B is confirmed. The pen s (see overleaf), s of Safety Officer.	mit recipient has bee	n Informed of all the	e conditions stated.
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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	10000	800-	Ajay	(0097	Agun
Pamchandra	10080	fu	abhiman	49094 P.794	an
mahesh	10014	Boy	Lavlesh	9150	land
Bubbled	1) UNG (16 10 X 21	manej	10001	(Pg)-
700 70	to	Les in	Shivbadan	10098	(S)
	and a second of the second of	name of the	Bhopendra	10197	Bu
prenoher	9119	nones	Bipin	10/92	Fu

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: ARThan

Date:

Sign of Site Incharge

Name:

Date:

Sign of Safety Officer

Name:

Date: