

General Work Permit

(This permit is mandatory for all the contract works such as cleaning, normal maintenance, repairs type of work)

Plant Name: Dhananjay Enterprises - M-147 Permit No: _____ Permit Issue Date: 10/03/23
 Permit Validity: From 10/03/23 To 10/03/23 Location of Work: Tens Top Work
 Name of Agency: AK Shada Associate Name of Contractor / Supervisor: Ashok Shinde Contact No: 7887571741
 Nature of work: solar cleaning Policy no (WC/ESIC): 2503857574 Validity Date: _____

Hazard / Risk Involved in the Job (Tick on Applicable)		
Falling Object	<input type="checkbox"/>	High Noise Area
Foot Injury	<input checked="" type="checkbox"/>	Work Near Hot Area
Hand Injury	<input checked="" type="checkbox"/>	Pressure Vessel Nearer
Slippery Floor	<input type="checkbox"/>	Chemical Storage Area
Fumes / Dust	<input type="checkbox"/>	Flammable Storage Nearer
		Chance of fire
		Chemical Handling
		Loose Electrical Wires
		Thermal Hazard

Tick on Applicable PPE's		
Helmet	<input checked="" type="checkbox"/>	Gum Boot
Safety Shoes	<input checked="" type="checkbox"/>	Rubber Hand Gloves
Mask	<input type="checkbox"/>	Cotton Hand Gloves
Apron	<input type="checkbox"/>	Chemical Hand Gloves
		Safety Goggle
		Face Shield
		Ear Plug / Muff
		<u>safety belt</u>

Tools Required for Work							
#	Name of Tools	Check Date	Condition	#	Name of Tools	Check Date	Condition
1	<u>muffs</u>	<u>10/03/23</u>	<u>OK</u>	4			
2	<u>pipe nail</u>	<u>---</u>	<u>---</u>	5			
3	<u>delt</u>	<u>---</u>	<u>---</u>	6			

Verified By (Name & Sign):- _____

Information of Workers							
Sr No	Name of Employee	Age	Exp.	Sr No	Name of Employee	Age	Exp.
1	<u>Ashok Shinde</u>	<u>32</u>	<u>04</u>	4	<u>Yusuf Rathod</u>	<u>20</u>	<u>02</u>
2	<u>Arun Shinde</u>	<u>36</u>	<u>02</u>	5			
3	<u>Mahesh Gavali</u>	<u>19</u>	<u>01</u>	6			

General Instruction:

1. Risk & Hazard explained to contractor (Yes / No / NA)
2. Emergency response requirements communicate to contractor and team (Yes / No / NA)
3. Safety requirements communicated to contractor (Yes / No / NA)
4. Are fire extinguishers available (Yes / No / NA)

Declaration By Contractor:-

I have understood all safety requirements, Risks & Hazards Involved in the job. I will take responsibility of training of my employees as per safety requirements. I hereby declared that I shall abide by the safety rules and regulations while working inside the company.

Name of Contractor / Supervisor: Ashok Shinde Signature: _____

Permit Initiated by
 Name: Suraj Chitambar
 Department: Maint
 Date: 10/03/23
 Sign: _____

HOD / Plant HR
 Name: Shantikalkate
 Date: 10/03/23
 Sign: _____

Approved By
 Name: Suraj Chitambar
 Date: 10/03/23
 Sign: _____

Safety Violation Remark: _____

Work Completion (Permit Closed) Date & Time: _____ Verified By: _____ Sign: _____

Work Completion Remark: _____

Copy Distribution		
Contractor	Security	Issuing Department
<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>