

Safe Work Permit (SWP)

To be filled before starting the work and first copy to be available at gamba with performer (Internal / external), the second copy to be retained by initiating dept. & third copy need to be maintained at Main Gate.

Form No. SWP/0001/2017
Revision No. 01
Revision Date: 01.08.2022

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 by performer & thereafter need to be submitted to ESH function.
3. Safe work permit request should be raised on daily basis before start of work. Permit not to be issued by ESH function on daily basis.



Permit No	Date	Time	Shift	Plant / Project	Location
1	03/12/22	From 9:00 AM/PM to 6:00 AM/PM	General	1003	Trolley Repairing Yard.
Description of work to be done Zig Repairing of Powder Coating Plant Nature of Work					

Confined Space Entry	<input type="checkbox"/> Electrical Work / HT / LT	<input type="checkbox"/> Lockout / Tag out
Hot Work	<input type="checkbox"/> Working at Height	Signature of Electrician / Operator
Excavation	<input type="checkbox"/> General Work / Cold Work	

Safety Equipment Requirement / PPE to be used:

<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Nose Mask / Respirator	<input type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Fire Extinguisher No.
<input checked="" type="checkbox"/> Hand Gloves	<input type="checkbox"/> Ear Plug / Muff	<input type="checkbox"/> Scaffolds & Ladders	<input type="checkbox"/> Locks / tags
<input checked="" type="checkbox"/> Face Shield / Welding Goggle	<input type="checkbox"/> Helmet	<input type="checkbox"/> Forced Ventilation	<input type="checkbox"/> Barricades
<input type="checkbox"/> Apron	<input type="checkbox"/> Warning Signs	<input type="checkbox"/> Safety Shoes	Any Other

Permit Acceptance:
I have been explained the contents of this permit. I shall be responsible to supervise the job as mention in permit. I will assure you to follow all the safety precautions including uses of required PPE's as per group norms.

Name & Sign of the Contractor's Supervisor: **Mr Sanjay Singh Chauhan 9760044553**

S. No	Name of Person Engaged in Activity (Mentioned separate sheet if required)	Job Profile	Signature
1.	Jaypal Singh Buteja Singh	Zig Repairing - (P/Coating)	

Contractual employees covered by ESI or any other policy: Yes / No (Plant Head approval is required if mentioned as YES)

Permit Initiator	Authorized By (Department Head)	Authorized By (Plant Head)	ESH Dept.
Name: Sanjay	Name: S. Singh	Name: Ganav Buteja	Name: Ganav Buteja
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Date / Time	Date / Time	Date / Time	Date / Time

In case of shift change / any critical situation permit hand over:
Permit Handed Over By Name: _____ Permit Accepted By Name: _____
Signature (Date & Time): _____

WORK PERMIT EXTENSION REQUEST (IF NECESSARY)
Should the permit be extended / need operating work can be fully informed about all the conditions stated on the permit, having accounted with control measures and assured that it is safe for the work to the extent stated, provided they are followed and maintained throughout the extended period.

Permit Extended up to closing time	Name & Sign (Performer)	Name & Sign (Permit Initiator)	Name & Sign (Authoritative Head)	Name & Sign (Plant Head)	Name & Sign (ESH Dept)
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Work completed & Hot work permit closed (To be filled by worker when sign/initial work was closed VPS / H)

Permit handed over to the ESH function by Initiator after completion of the job & below mentioned details to be filled by Initiator:
(NAME) Dept. Time Sign

Note:
Please fill the check list as printed overleaf, corresponding to the nature of work mentioned. This permit to be kept at job site.
Work can not be done with rejected permit & work shall be immediately stop after permit rejection.