



ENDURANCE TECHNOLOGIES LTD.

HOT WORK AND HEIGHT WORK

Ref.no. ETL / CORP. EHS/ F-01
 Rel. date: 01.04.2021
 Rev. No. 01

Permit No.: _____ Date and Time: 4:00 to 17:30
 Cross Ref. / LOTO No.(If applicable): _____ Date and Time: 4/12/22
 Permit Receiver name of Agency / contractor: Pradeep Joshi Permit issuer name: _____
 Work location / Department: mic Shop Plant / Section: L613

In case of Emergency Siron receive: stop work immediately and fast walked toward safe assembly point & wait for next instruction.
 at location / machine :

I) Please carry out the following work :

Sr.	Job description (Pl mark right tick wherever applicable)	Sr.	Check List (Pl mark right tick wherever applicable)
	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	Equipement are in good working condition ✓
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	✗ 5	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 ✓

II) Job Safety Analysis

Sr. No.	List of Activities	Hazard Identification	Riks level (H/M/L)	Available control measures	Check
	<u>Welding</u>	<u>Heat injuries</u>		<u>Wear gloves</u>	
	<u>Weld</u>	<u>weld</u>		<u>cover eyes</u>	
	<u>Grinding</u>	<u>eye fat hurt</u>		<u>use safety</u>	
	<u>work</u>	<u>injury</u>			

III) Contractor Information with Declaration (I have understand the hazard and risk involed in above activity, take full responsibility for training and safety of my employees as per EHS rules and regulation of ETL.)

Sr. No.	Name of contractor employees	Contractor ID Card	Valid till	Supervisor Name	Qualification / Experience	Signature of Permit holder	Remark
1	<u>Seetha</u>	<u>13251641-30</u>		<u>Seetha</u>		<u>[Signature]</u>	
2							
3							
4							
5							

(In case more than 5 contractor employee separate sheet need to attach)

IV) Authorization of Work Permit: (I have examined the work description in the permit and job safety analysis found satisfactory)

Signature	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Name of Person	<u>[Name]</u>	<u>[Name]</u>	<u>[Name]</u>
Designation	User Department	Area HOD	Plant HR (After verifying CSM)
			Plant EHS
			Operation Head / Production Head

IV) Work completion (Closure of Work Permit):

Work Start date and time	Work Complet date and time	Estimated Time	Work completed	Quality of work (Average, Satisfactory, Good)
	<u>[Signature]</u>			

V) Remark and Signature of User department on closure of work permit:

Note: Distribution of Permit copy :1st Copy with contractor who is doing job ; 2nd Copy with EHS officer and 3rd Copy with Security

Renewal of permit

Renewal of Permit is allowed for 24 hours on continuous work

Date	Time		Authorized by Approving authority (Plant Head / Operation Head)	Approval From COO / President Operations Received
	From	To		