

# ENDURANCE TECHNOLOGIES LTD. 12

## GENERAL WORK

Ref no. ETL / CORP EHS / F-04  
 Ref date: 01.04.2021  
 Rev No: 01

Permit No.: **2133**

Date and Time: **30/04/2022 (12:45 to 5 pm)**

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Cross Ref / LOTO No (If applicable):

Permit Receiver name of Agency / contractor: **Munishan Jaiswal**

Permit issuer name: **Mr. Prad Sr / Mr. Manoj**

Work location / Department: **Store / Maintenance Dept**

Plant / Section: **B21 - Alloy wheel**

In case of Emergency Soon receive: **stop work immediately and fast**

at location / machine: **Store / Maintenance**

I) Please carry out the following work

Sr.	Job description (PI mark right tick wherever applicable)	Sr.	Check List (PI mark right tick wherever applicable)	deft
		1	Availability of appropriate equipment for work	<input checked="" type="checkbox"/>
		2	Electrical equipment with 3 pin top	<input type="checkbox"/>
1	Working at Height ( Below 3 mts )	3	Barrication of area (If Require)	<input type="checkbox"/>
	cleaning (Dry / Wet Mopping)	4	Required PPE's provided (Safety belt, helmet, hand gloves and safety shoes)	<input checked="" type="checkbox"/>
2	Floor painting (Epoxy / Normal Painting work)	5	Visibility in the area (Use portable light if require)	<input type="checkbox"/>
3	Floor repair work / Civil work on Ground	6	Continuous supervision	<input type="checkbox"/>
4	Office Tube cleaning / Glass Cleaning	7	MSDS safety instruction read for cleaning chemical	<input checked="" type="checkbox"/>
5	Any other work ( Please Specify)	8	Any other, Please specify:	<input type="checkbox"/>
		9		<input type="checkbox"/>

### II) Job Safety Analysis

Sr No	List of Activities	Hazard Identification	Risks level (H/M/L)	Available control measures	Check
1.	Furniture	Foot & hand Injuri	L	Safety shoes & handgloves	<input checked="" type="checkbox"/>

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	Satyendra kumar			Mr. Mukesh	16 Years			
2								
3	Policy No [152 90036220] 00000003							
4								
5								

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

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

Signature	Signature	Signature	Signature	Signature
User Department Supervisor	Area HOD	Plant HR (After verifying CSM)	Plant EHS	Operation Head / Production Head

V) 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)

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