

# Endurance Technologies Ltd. GENERAL WORK

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

**Permit No 912**

Cross Ref./LOTO No. (If applicable):

Date and Time : 21-12-23

Room to 600Pm

Permit Receiver name of Agency/contractor :

Sigma Lesh

Date and Time : 22-12-23 8:00am to 6:00Pm.  
Permit issuer name: Narend. B. B. D. e.

Work location / Department

H-12 plant

Plant / Section : H-12 plant  
Cateration

In case of Emergency, Siron receive : stop work immediately and fast walked toward safe assembly point & wait for next instruction.  
1) Please carry out the following work :  
at location / machine :

Sr.	Job description (Pl mark, right wherever applicable)	Sr.	Check List (Pl mark, right wherever applicable)
	Working at Height (Above 3 mts.)	1	Availability of appropriate equipment for work
1)	Cleaning (Dry / Wet Mopping)	2	Electrical equipment with 3 pin top
2)	Floor Painting (Epoxy / Normal Painting work)	3	Barrication of area (If Require )
3)	Floor repair work / Civil work on Ground	4	Required PPE's Provided (Safety belt, helmet, hand gloves and safety shoes)
4)	Office tube cleaning / Glass Cleaning	5	Visibility in the area (Use Portable light If require)
5)	Any Other work (Please Specify)	6	Continuous supervision
	PEPES shuttling, red block,	7	MSDS safety instruction read for cleaning chemical
	Plaster, plumbing, filling, paint.	8	Any other, Please Specify :
		9	

**II) Job Safety Analysis**

Sr. No.	List of Activities	Hazard Identification	Risks level (H/M/L)	Available control measures	Check
	PEPES, Shuttling, red block, hand. floor plaster,	Minor body injury	(M.L)	Safety shoes, helmet, safety belt, gloves.	
	plumbing, filling, paint				

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

Sr. No.	Name of contractor employes	Contractor ID Card	Valid till	Supervisor Name	Qualification / Experience	Signature of Permit holder	Remark
1	Madhuji Singh	SPD010242		Gurpreet S.	BE civil.		
2	Deshan Kumar						
3	Shashan Doyal			Pawan	10-585193		
4	Rajni Kumar						
5	Sonley Chauhan.		12/12/24.				

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

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

Signature							
Name of Person							
Designation	User Department Supervisor	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 Compet date and time	Estimated Time	Work completed	Quality of work (Average, Satisfactory, Good)

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