

# ENDURANCE TECHNOLOGIES LTD.

## HEIGHT AND ROOF ACTIVITY WORK PERMIT

Ref. No. ETL / CORP. EHS/Work permit / F-06

Rel. Date: 29.07.2022

Rev. No. 00

Permit No.: <b>353</b>		Date and Time: <b>23/12/22</b>	
Cross Ref. / LOTO No.(If applicable):		Date and Time:	
Permit Receiver name of Agency / contractor: <b>WSP cranes</b>		Permit issuer name: <b>Umesh Ghulare Sir</b>	
Work location / Department: <b>Main</b>		Plant / Section: <b>B22</b>	

**In case of Emergency Siren receive : stop work immediately and walk toward safe assembly point & wait for next instruction.**

**I) Please carry out the following work : at location / machine :**

SN	Job description (PI mark right tick wherever applicable)	SN	Check List (PI mark right tick wherever applicable)	Responsibility	Tick
1	Low- Working at Height ( Above 1.8 mts & below 5 mts) <input checked="" type="checkbox"/>	1	Ensure safe means of access and egress at working area by stairways/ scaffolding/ladder	Work initiator	<input checked="" type="checkbox"/>
2	High- Working at Height ( Above 5 mts.) <input checked="" type="checkbox"/>	2	Ensure provision of permanent life line (vertical and horizontal) on rooftops of plant sheds	Work initiator	<input checked="" type="checkbox"/>
3	Construction of New Shed/Building/Roof <input checked="" type="checkbox"/>	3	Ensure all metal mesh fixed with screws provided to all fragile roof and skylight.	Work initiator	<input checked="" type="checkbox"/>
4	Electrical cabling, mechanical fittings, piping work <input checked="" type="checkbox"/>	4	Ensure metal mesh painted with yellow colour for easy identification.	Work initiator	<input checked="" type="checkbox"/>
5	Colour / Painting / Fascade activity <input checked="" type="checkbox"/>	5	Ensure side protection railing/parapet walls and walkway availability on roof /slabs	Work initiator	<input checked="" type="checkbox"/>
6	Chimney painting/repairing/stack monitoring etc <input checked="" type="checkbox"/>	6	Ensure Contractor Evaluation, Safety induction/tool box talk and ID card availability of all contractors workers.	HR & EHS	<input checked="" type="checkbox"/>
7	Cleaning on roof/ leakage arresting/ Repairing of roof/ Sheet replacement <input checked="" type="checkbox"/>	7	Ensure contractor and their workers are competent to work at height as required.	Work initiator & EHS	<input checked="" type="checkbox"/>
8	Solar panel cleaning/inspection/repairing at roof <input checked="" type="checkbox"/>	8	Ensure only authorised person access to roof top with close supervision of ETL supervisor.	OH & PH	<input checked="" type="checkbox"/>
9	Any other work ( Please Specify) <b>Exi area crane Erection work.</b> <input checked="" type="checkbox"/>	9	Ensure contractor worker must be medically fit to work at height and ensure Vertigo Test of contractors working above height of 5 meters.	HR & EHS	<input checked="" type="checkbox"/>
		10	Ensure PPE and other approved equipment availability at site like - Full body harness with double lanyard(with shock absorber) , helmet, safety shoes, safety net to be fixed before start of work, rope length adjuster for full body harness etc.	Work initiator & EHS	<input checked="" type="checkbox"/>
		11	Ensure rescue kit and trained rescue team availability at site for emergency evacuation of worker within 20 minutes if he fall from height and hanged with lanyard	Work initiator & EHS	<input checked="" type="checkbox"/>
		12	Ensure working condition like proper platform, good weather condition. No work should be commence in rain, storm, high wind etc.	Work initiator & EHS	<input checked="" type="checkbox"/>
		13	Ensure no overhead open live electrical cables availability at working location	Maintenance/ EHS	<input checked="" type="checkbox"/>

**II) Job Safety Analysis**

Sr. No.	List of Activities	Hazard Identification	Risks level (H/M/L)	Available control measures	Check
1	Roof Replacement	Fall from Height		Safety Harness/ Helmet/ Safety Shoe/ life line	
2	Crane Erection	Fall from Height		Safety Harness/ Helmet/ Safety Shoe/ life line	

**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 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	Antsh Singh	100831043280	28/12/22	Sandip	10 year		
2	Rajkumar Khushawra	101903208140		Sutar			
3	Satish Sahani	101360075589					
4	Ravi Vishwakarma	10126356201					
5	Sandip Sutar	101490909098					

(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			
Name of Person	for <b>WSP cranes</b>	<b>Plant HR</b>	<b>Plant EHS</b>
Designation	Work Initiator	Area HOD	Operation Head / Production Head

**IV) Work completion (Closure of Work Permit):**

Work Start date and time	Work Complete date and time	Estimated Time	Work completed	Quality of work (Not Satisfactory, Good)

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

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

