

Permit No.:		Date and Time:	09/02/2023
Cross Ref. / LOTO No.(If applicable):		Date and Time:	10:30 to 17:30.
Permit Receiver name of Agency / contractor:	Checked Terms	Permit issuer name:	Anneer cor.
Work location / Department	L-6 LDDC.	Plant / Section :	L-6 LDDC.

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

I) Please carry out the following work :		at location / machine :	
Sr.	Job description (Pl mark right tick wherever applicable)	Sr.	Check List (Pl mark right tick wherever applicable)
	Working at Height (Below 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	Continous supervision
		7	MSDS safety instruction read for cleaning chemical
		8	Any other, Please specify:
		9	

II) Job Safety Analysis					
Sr. No.	List of Activities	Hazard Identification	Riks level (H/M/L)	Available control measures	Check
	Tasting of or vessle - and lifting etc.	Acet. Hydrogen	-	all PPE -	

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	R.m. chawan	2504289634		Chawan	10		
2	Hassu melli	2504208875		R m	5		
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					
Name of Person					
Designation	User Department Supervisor	Area HOD	Plant HR (After verifying CSM)	Plant EHS	Operation Head / Produciton 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)

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 Operatio
	From	To		