GENERAL WORK PERMIT										
			MAULI MET	AL INDU	STRIES F	VT LTD				
Permit Sr.No:				Date				.No-FM/Adm/15 .No- 00/01.04.23		
To be filled in by Job Supervisor/Engineer										
Permit Vali	d From	To	If Job supervis	or changed t	hen their sig	gnature should	be incorpor	ated in the	format.	
Name :-	e :- Dep				tment :-			Date:-		
Sign :-								Time :-		
Equipment No										
Location A- Action Taken By Excutor :- Please write Yes or No in the box provided										
Sr.No	Hazard Identification					Yes or No Remark				
1	Electrical									
2	Height Work									
3	Hot Work									
4	Excavation Work									
5	Mobile Crane									
6	Compressed Air									
7	Hydraulics									
8	Any Work									
9 Scrap Yard Area PPE Required :- Please write Yes or No in the box provided										
	PPE			Yes/No		PPE			Yes/No	
1	Full Body Harrness						Hand Gloses			
2			Apron & Leg Guard							
3	Ear Pluge Goggle /Face Shield				Heat Resistance Suit					
4	Goggle /Face Shield Dust Mark									
		ase write Yes or No in t	he box provided			Any other				
	Safety check for Compliance			Yes/No		If Yes ,Permit No		No	Remarks	
1	Is Electrical work permit Required ?									
2		ork permit Required ?								
3	-									
4	Is Hot work permit Required ?									
4	Is Scrap Yard work permit Required ? Is process Isolation required ?				Name of concerned Pr		ncerned Pro	cess Engg	Signature & Date	
5	If Yes ,take clearance from process Dept.									
Permit Issu	Issuer Name					Date		Time		
Supervisor	ervisor									
Plant Head										
Acceptance	e :- To Be co	mpleted by the person	who will carry out the	e iob .Then to	be handed	back to issuin	g person.			
		which is to be carried o		-			0			
l		s carried out safely. I out other than the wo	rk authorized by this	permit	Signature				_ .	
			r/Contractor)	Date	9	Time				
Extension /	Transforts	normit		All Charles	ovious a o	found OV to see	tond name !			
Extension/Transfer to present Issuer		Date Signature		_	Date		found OK to extend permit Time		Remark	
Supervisor			5.5./41410	2310						
Plant Head										
					ı			'		
	n :- The abov orking site.	ve work is completed.M	an power deployed i	Signature Date Time						
				(Supervisor/Contractor)						

- This permit applies only to work in the location described.
 This permit only applies to theperson to whom it is issued if work has to be continued by someone else, this permit must be returned to issuer for cancellation and another permit issued.