

### **ESL STEEL LIMITED**

# ( A Group Company of Vedanta Limited ) STANDARD MAINTENANCE PROCEDURE



		Q 17 2 12 11 2 11 2 1	TI LITE STOP I TROUBLE			
	SOPNAME:-		XYZ			
	SOP NO :ESL/DEPT :-		SEC/SMP/XXX			
REVISION NO:00			REVISION DATE :DD.MM.YYYY VERSION NO:XXX			
DEPARTMENT :BAR MILL			SECTION :MECHANICAL or ELECTRICAL			
STANDARDS	ISO : 9001	ISO : 14001	OHSAS: 45001	ISO : 50001	ISO : 55001	
CLAUSE NAME:	OPERATIONAL PLANNING & CONTROL	OPERATIONAL PLANNING & CONTROL	OPERATIONAL CONTROL	OPERATIONAL CONTROL	OPERATIONAL PLANNING & CONTROL	
CLAUSE NO.	8.1	8.1	4.4.6	4.5.5	8.1	

## MR OFFICE USE ONLY

# FORMAT NO.- F-ESL/IMS/032FORMAT REVISION NO.: 00FORMAT VERSION NO.: 00FORMAT REVISION DATE : DD.MM.YYYY

ANY OTHER REFERENCES -	ABCD
1).	ABCD
2).	ABCD

				3.REQU	IRED COMP	ETENCIES	:-				
KNOWLEDG	SE OF MAINT	ENANCE		ABCD							
KNOWLEDG	SE OF EnMS					ABCD					
KNOWLEDG	SE OF AMS					ABCD					
KNOWLEDG	SE OF HSE					ABCD					
4.INPUTS	:- RE	FERENCES	PPE		OUTPUT	EFFICIE	ENCY	EFFE	CTIVENE	SS R	VIEW
XYZ		XYZ	XYZ		XYZ	XY	Z		XYZ		XYZ
XYZ		XYZ	XYZ XYZ XYZ XYZ XYZ					XYZ			
				Add addition	nal line item	Click on +					
SAFETY HELMET	SAFETY GOGGLE	FACE SHIELD	SAFETY GLOVES	SAFETY SHOES	LEG GUARD	SAFETY MASK	METAL SPLA SUITE	ASH .	APRON	BALACLAVA	FR Suit

	5. RESPONSIBILITY MATRIX:-						
S.NO	JOB	RESPONSIBILITY					
1	ABCD	XYZ					
2	ABCD	XYZ					
Add additional line item Click on +							

	6. DISTRIBUTION LIST :-							
SOP	SOP No.	REFERENCES	REV. No	VERSION No.	No.OFPAGES	No OF COPIES DISTRIBUTED	PLACES WHERE DISTRIBUTED	
XYZ	XYZ	XYZ	XYZ	XYZ	XYZ	XYZ	XYZ	
XYZ	XYZ	XYZ	XYZ	XYZ	XYZ	XYZ	XYZ	
	Add additional line item Click on +							

	7. PROCEDURE :-							
SI.No.	ACTIVITY( OPERATIONAL UNIT HAS TO COVER PRE STARTUP/ ON STARTUP PROCESS SEPARATELY)	REFERENCES  Doc No. / Pics -	RESPONSIBILITY	HSE AND QUALITY CONSIDERATIONS				
1	XYZ	XYZ	XYZ	XYZ				
2	XYZ	XYZ	XYZ	XYZ				
	Add additional line item Click on +							

8. OPERATIONAL ACTIVITYLIST WITH CONTROLS :-							
S. No.	ACTIVITY	FIRST CONTROL	SECOND CONTROL				

1	XYZ	XYZ	XYZ			
Add additional line item Click on +						

### 9. QMS, OH&S, EMS, AMS :-

10.1 QMS CONSIDERATION

(Linkage with QMS Risk Register & Opportunities):

XYZ

10.2 OH&S CONSIDERATION (HIRADEC No. to be linked):

XYZ

EnMS,

**ISOLATION** 

**Considerations** 

(Details of Aspects & Risks to be mentioned in an annexure)

10.3 EMS CONSIDERTAION (Aspect No. to be linked):

XYZ

10.4 EnMS CONSIDERATION:

XYZ

10.5 AMS CONSIDERATION:

XYZ

10.6 ISOLATION CONSIDERATIONS ( Refer to Isolation SOP / Annexure, line item no. to be mentioned):-

**YV7** 

10.7 PRECAUTIONS

XYZ

REVISION NO.	DATE OF REVISION	PAGES	BRIEF OF CHANGES			
NN	DD.MM.YY	XX to XX	XYZ			
	Add additional line item Click on +					

Note:- In case of statement addition or deletion revision history no will be changed in incremental order and in case of no change the revision no remains same. Document date must be updated on header part & in last line item of revision history.

	APPROVAL SIGNATURES RECORD						
REVIEWER	POSITION	NAME	SIGNATURE	DATE			
PREPAREDBY	XYZ	XYZ	XYZ	XYZ			
REVIEWED BY	XYZ	XYZ	XYZ	XYZ			
APPROVED BY	XYZ	XYZ	XYZ	XYZ			

