

#### **ESL STEEL LIMITED**

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



	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	OPERATIONAL	OPERATIONAL	OPERATIONAL	
		& CONTROL	CONTROL	CONTROL	PLANNING & CONTROL	
CLAUSE NO.	0.4		4.4.6	4.5.5	8.1	
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.REQUIRED COMPETENCIES :-											
KNOWLEDG	SE OF MAI	INTENANCE				ABO	CD					
KNOWLEDG	SE OF EnM	MS				ABCD						
KNOWLEDG	SE OF AMS	S				ABCD						
KNOWLEDG	SE OF HSE	E				ABCD						
4.INPUTS	:-	REFERENCES	PPE		OUTPUT	EFFICIENCY EFFECTIVENESS		SS	RE\	/IEW		
XYZ		XYZ	XYZ		XYZ	XYZ		XYZ XYZ			YZ	
XYZ		XYZ	XYZ		XYZ	XYZ	Z	XYZ			Х	YZ
			A	Add additio	nal line item	Click on +						
SAFETY HELMET	SAFETY GOGGL	SLE FACE SHIELD	SAFETY GLOVES	SAFETY SHOES	YSHOES LEG GUARD SAFETY MASK METAL SPLASH APRON BALA			ACLAVA	FR Suit			
✓	✓	×	✓	<b>1</b>	✓	✓	✓	/ / /			✓	

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

	6. DISTRIBUTION LIST :-							
SOP No. REFERENCES REV. 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 +							

EnMS,	
<b>—·····</b>	Г

**ISOLATION Considerations** 

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

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

10.4 EnMS CONSIDERATION:

10.5 AMS CONSIDERATION:

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

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		

