

1. Section 32:

- a. Provide hand rails around the cooling tower pit.

Ans: We are constructing new cooling tower unit where we provide the same. Older tower will be demolished.

- b. Provide barriers preventing the persons from fall into the pit prepared for providing new cooling tower.

Ans: Pit has been closed

- c. Provide free access to all the working places and clear the obstructions on the passage ways.

Ans: Provided.

- d. Provide toe guards to the platform at reactors platform.

Ans: Provided.

2. Section 38 and rule 61:

Provide fire hydrant line around the Ethanol tanks shed, machinery halls and material storage area.

Ans: Already Raised the Purchase Order.

3. Section 38 and Rule 61:

- a. Display the emergency ways directions at all working places in factory premises.

Ans: Provided

- b. Provide emergency stair case to the reactors platforms for the use in case of emergency.

Ans: Provided

4. Section 13 and Rule 17- A:

- a. At the time of inspection observed that the windows provided in blending machine room is of with RCC mesh. Provide windows and allow fresh air to enter into the Blending machine room.

Ans: RCC Mesh kept for blocking Insects. Fresh air facility is provided.

- b. Reactors shed are with vertical cladding and no fresh air circulation.

Ans: Reactors shed are provided with 2 big holes for fresh air circulation

- c. Provide ridge roof ventilator over the reactors sheds.

Ans: We will arrange wall exhaust fans within 2 months period.

5. Section 41 and Rule 61:

At the time of inspection observed that a person working at height to provide supports to the steam line. Provide safety belts to all the persons who are working at heights and likely to fall and ensure their usage while working at such heights to avoid accidental falls.

Ans: Safety belt is available. We trained the people to use the belts at height working places.

6. Section 87 and Rule 95 and Schedule XX:

Provide Emergency shower and eye wash fountain with shower near reactor rooms so that in case of any injury the affected eyes and body part can be thoroughly flooded with water.

Ans: Emergency shower and Eye wash fountain will be provided in Unit – I front side within 1 month period.

7. Section 38 and Rule 61 read with Section 41 and Rule 61 – F(3):

a. Provide non spark tools for using in production halls.

Ans: It will be provided with in 1 month Period.

b. Provide smoke detectors in Ethanol Storage rooms.

Ans: Purchase order Raised

8. Section 87 and Rule 95 Schedule (XXVII):

a. Take all the suitable and practicable engineering control measures to ensure that no worker working in the high noise zones is exposed to maximum permissible noise level specified in table 1\*2 of the schedule.

Ans: We are following the Instructions of high noise by measuring the Decibel level and providing ear muff.

b. All the workers employed in high noise areas, shall be subjected to pre – employment auditory examination and periodical auditory examination thereafter by a certifying examination.

Ans: During the annual medical examination special audible test will be done for the employees working in that area.

c. Provide ear muffs/ear plugs to the operators in Reactors room as the noise level is high there.

Ans: Provided.

9. Section 29 and Rule 55 – A:

The chain pulley blocks are using in your factory. Maintain them properly and get them thoroughly examined by competent person at least once in every period of 12 months. Make available a register for Inspection containing the prescribed particulars of every such examination in form no:37.

Ans: We are following the Instructions.

10. Section 41 and Rule 61 F(2):

Provide lightening arrestor and conduct periodical testing of lightening arrestors and check whether working or not, to protect the factory premises.

**Ans:** Provided lightning arrester on the R & D Roof. Which is tallest point in the site. Resistance shall be checked periodically.

**11. Section 7-A read with Section 41 and Rule 61(SB)D 4r:**

Conduct Training to all the employees and inform about the hazardous identified and train them accordingly.

**Ans:** Sign Boards Arranged by November 30<sup>th</sup> and Training sessions are going on as per requirement.

**12. Section 7 and Rule 12- C:**

Submit stability Certificate issued by the competent person for all the structures and submit the same in the office of Deputy Chief Inspector of Factories, Chittoor.

**Ans;** Stability Certificate Enclosed.

**13. Section 7 (A) (2) Read with Section 41 and Rule 61 F (3):**

Draw up the schedules for maintenance of earth pits and got the earth resistance checked periodically. Maintain a log book ensuring that the earth pits are checked periodically as per schedules.

**Ans:** we have Log Book for all earth pits which is being maintained.

**14. Section 7(A) (2) Read with Section 41 and Rule 61 F (3):**

Follow permit to work system in respect of hot works, civil excavation work, working at heights work in confined space, electrical maintenance solvent truck-unloading etc. Design suitable work permits to use for this purpose and send one set of such permit copies to Deputy Chief Inspector of Factories, Chittoor.

**Ans:** Existing Documents Attached.

**15. Section 7 read with Section 41-B and rule 61(SB)C:**

Supply booklets or leaflets containing all details of hazardous materials or substances and processes to all workers and display cautionary notices at the work.

**Ans:** Existing Documents Attached.

**16. Section 87 and Rule 95 Schedule XV Part –II(23):**

Provide wind socks to make visible to all the places and to guide the wind directions in case of emergency in factory premises.

**Ans:** Provided.

**17. Section 87 and Rule 95 Schedule XV Part – II(4):**

Display the SOP (Standing Operation Procedures) in Local language.

**Ans:** Provided.

18. Section 41 and Rule 61(B) 24:

Provide an insulating stand of rubber mat or other suitable non – conducting material at the electrical panel board in compressor room to prevent danger.

Ans: Provided.

19. Section 38 and Rule 61 (10):

a. Provide the following firefighting equipment in the factory and maintain them in good order and ready for use.

Ans: Provided as per Instructions.

b. Fire buckets of each not less than 9 liters capacity kept full of water at the rate of two buckets for 100Sq.Mtsof floor area.

Ans: Fire Extinguishers are provided. Hence Fire Buckets are removed.

c. Suitable type of portable fire extinguishers at the rate of one for every 500sq mts of floor area properly mounted and accompanied by the makers printed instructions for their use.

Ans: Training is given for every year.

20. Section 41 (G) and Rule 61 (SG)A:

Constitute safety committee in the factory as provided in these rules. Send the list of safety committee members to the undersigned. Conduuct periodical meetings of safety committee and send copies of minutes of meeting to Deputy chief Inspector of Factories Chittoor.

Ans: Mr T.Shiv Kumar and Mr K Chinnappa are the committee members.

21. Section 41 and Rule 61 (D):

Provide crawling boards to the workers who are engaged in changing roof sheets to prevent accidental fall of workers and a permit to work on fragile roof authorized by a responsible person.

Ans: We are following the Instructions as per norms.

22. Section 41 and Rule 61 F (2) And (3):

a. Provide an emergency alarm system in the factory premise's for use in case of emergency.

Ans: Purchase Order Raised.

23. Section 41 and Rule 61 E:

1. Provide Leather shoes, leggings and aprons to the welder working at store room.

Ans: Provided as per Instructions.

2. Provide suitable asbestos aprons, shoes and tinted goggles to the boiler attendant operator.

Ans: Provided as per Instructions.

3. Provide suitable electrician hand gloves and electric shock proof shoes to the electrician.

Ans: Available at plant.

4. Provide safety shoes to all the operators and filters working in the factory.

Ans: Provided as per Instructions.

**24. Section 48 and Rule 63 B:**

Provide and maintain so as to be readily available during all working hours of the factory a first aid box of the standard type containing all the appliances up to scale laid down in Rule 63 and place it in charge of a responsible person who was trained in first aid treatment and is in possession of the certificate granted by the St. Johns Ambulance Association and who shall always be available in the factory.

Ans: First Aid Kits are available. First aid Trainings are given as per Instructions.

**25. Section 41 (C) And Rule 61 (SC) (A):**

Appoint persons who possess qualifications and experience in handling hazardous substances and are competent to supervise such handling in the areas where substances are used, handled and stored in the factory and send list of such persons to this office.

Ans: Mr. S Sathiyamoorthy and Mr K Chinnappa Possess the qualification.

**26. Section 41 (C) And Rule 61 (SC) (A):**

Get all the workers employed in your factory medically examined by your factory medical officer in the following manner.

- a. Once before employment to ascertain the physical fitness of the worker to do a particular job.

Ans: Medical Reports are available.

- b. Once in a period of six months, to ascertain the health status of all the workers.

Ans: we are doing the medial examination as per Guide Lines.

Enter the details of such medical examination in the health register in form No:17.

Ans: Provided

**27. Section 41 (C) and Rule 61 SC (B):**

1. Provide an occupational health Centre having room with a minimum floor area of 15sq meters with floors and walls made of smooth and impervious surface and with adequate ventilation and lighting.

Ans: We have our own Hospital and facilities are Provided.

2. Appoint a Qualified medical practitioner medical officer who shall be the overall charge of the occupational health Centre and visit at least twice in a week and who shall be readily available during medical emergencies.

Ans: We have our own Hospital & Doctor – P.Santha Kumar.

3. Appoint one qualified and trained dresser – cum – compounder on duty throughout the working period.

Ans: We have our own hospital & Compounder.Mr K. Venkatarathnam

**28. Section 41 (C) and Rule 61 (SC) (C):**

Make arrangements for procuring an ambulance van suitably constructed and equipped with emergency care equipment at short notice from a nearby hospital or any other place.

Ans: we have our own hospital adjacent to our factory

**29. Section 41 (C) and Rule 61 (SB) (C) (2):**

Provide to each worker and employee a book let containing every safety related information in a language understood by majority of workers.

Ans: Safety material and safety data provided.

**30. Section 41 (E) and Rule 61 E :**

Provide canister type respirators 2no's which are suitable and 2 self-contained breathing apparatus in the factory for use in case of emergencies and train adequate number of persons in using in the above apparatus.

Ans: Provided.

**31. Section 41 and Rule 61 – F(3):**

Provide wooden stoppers under the wheels of the Lorries parked inside factory premises.

Ans: Provided.

**32. Section 31 and Rule 56:**

Pressure vessels are installed and used in your factory. Get them thoroughly examined both internally and externally periodically by a competent person. Maintain the report of the result of every such examination made in the prescribed Form no.8

Ans: Pressure vessels Qualification Available & Records maintained.

**33. Section 43 and Rule 62 (A):**

Provide a cloak room with individual lockers to all the workers for safe keeping of clothing of workers not worn during working hours.

Ans: Cloak Room Provided.

**34. Section 41 and Rule 61 (B) (15):**

Earth all the portable electric apparatus. Also use flexible wire with permanent points for the portable apparatus.

Ans: Provided.

**35. Section 41 and Rule 61-I:**

Provide suitable safety valve and Rupture disc of adequate size and capacity to all the reactors to effectively prevent the pressure being built up in the reaction vessels beyond the safety limit and disposed of through suitable pipes without causing hazard.

Ans: Safety valves are provided with adequate size and sufficient safety is provided.

**36. Section 41 and Rule 61 – F(1) & (2):**

Submit the details that the life of the plant/factory and equipments by the competent person and conduct residual life assessment and submit the reports in the office of DYCIF, Chittoor.

Ans: Reports pending from the competent person of EX – Synthite Factory Manager.

**37. Section 7A(2):**

Carry out Safety studies for determining adequacy of vent sizes provided for all the reactors storage tanks by third party safety expert and submit report.

Ans: Inspected all the reactors, extractors and storage tanks. Waiting for the report.

**38. Section 41 and Rule 61- I(2):**

Provide suitable thermostatic control device to prevent temperature exceeding the safety limit and calibrate it periodically and maintain record.

Ans: Not Applicable.

**39. Section 41 and Rule 61-I(4):**

Provide safety valve and Rupture disk of adequate size to all the reactors.

Ans: Safety valves are provided. Rupture Disks are not provided with safety valves. The discs cannot withstand the normal operations of a reactor.

**40. Section 41 and Rule 61-I(5):**

Provide pressure gauge over all the reactors and calibrate it periodically and maintain record.

Ans: Available, calibration frequency once in a year.

**41. Section 41 and Rule 61-I(8):**

Provide alarm to warn whenever process conditions exceeds the normal limits in reactors.

Ans: We are doing normal extraction and we don't have any pressure reactions. Hence it is not applicable for us.

**42. Section 87 and Rule 98 Schedule XV Part II – D (7):**

Calibrate all the temperature gauges and maintain record.

Ans: We are maintaining the calibration records as per Instructions.

**43. Section 41(B) and Rule 61(SB) (D) (13) Read with Section 87 and Rule 95 Schedule XV Part – II (23) read with MSIHC rules 1989 and Rule (13):**

Prepare and submit on-site emergency plan as stipulated in the provisions, taking into account of the additional installations to the Director of Factories, AP., Vijayawada under copy to this office.

Conduct periodical mock drills of the on-site emergency plan at least once in six months to train the workers in its implementation in real emergencies.

Ans: Its already Implemented and conducting mock drills periodically.

**ఫ్యాషన్ ప్రాంగణంలో పాటినులిన తప్పనిసరి నియమాలు**

1. ఆరోగ్య తనిఖీలు: ఉద్యోగానికి వచ్చే ముందు ఉద్యోగి ఆరోగ్య పరీక్షలు చేయించుకుని రావాలి.
2. పరీక్షణ తర్వాత ఆరోగ్యం మంచిగా వున్న త్వైతేనే సిబ్బంది పనిలోకి అనుమతించాలి.
3. పరిశుభ్రత పద్ధతులు: తయారీ ప్రక్రియలో పాల్గొన్న సిబ్బంది అందరూ మంచి ఫోయి వ్యక్తిగత పరిశుభ్రతను పాటించాలి.
4. ప్రతి ఒక్కరూ గోర్రు సరిగ్గా కత్తిరించాలి.
5. ప్రతి ఒక్కరు క్లీన్ మేవ్ చేసుకొని రావాలి.
6. అనారోగ్యం: అనారోగ్యం లేదా ఉత్పత్తి నాణ్యతను ప్రభావితం చేసే బహిరంగ గాయాలు కలిగిన సిబ్బంది ప్రారంభ పదార్థాలు, ప్యాకేజింగ్, ప్రాసెస్‌లోని పదార్థాలు లేదా మందులను నిర్వహించకూడదు, అవి కోలుకునే వరకు మరియు ఇక్కె ప్రమాదం ఉండదు. ఆహారం వల్ల కలిగే అనారోగ్యంతో బాధపడుతున్న సిబ్బంది మరియు కాంట్రాక్టర్లు (లక్షణాలలో విరేచనాలు, వాంతులు, హెపటైటిస్ (ఉన్నాయి) కష్టమర్ సైట్ సంప్రదింపులకు తెలియజేయాలి మరియు వారు సంఘ ప్రాంగణంలోకి ప్రవేశించవచ్చే లేదో నిర్దయించాలి.
7. వస్తువులను ఉపయోగించడం: చేతులు మరియు ప్రారంభ పదార్థాలు, ప్రాధమిక ప్యాకేజింగ్ సామగ్రి మరియు ఇంటర్వెడియట్ లేదా బల్కి ఉత్పత్తుల మధ్య ప్రత్యక్ష సంబంధం ఉండకూడదు.
8. దుస్తులు: ఉత్పత్తి ప్రాంతాలలో ఉన్న వ్యక్తులు ఉత్పత్తి సిబ్బంది, కాంట్రాక్టర్లు, ఉద్యోగులు, సందర్భకులు, నిర్వహాకులు మరియు ఇన్నొక్కర్లతో సహ శుభమైన శరీర కవచాలను ధరించాలి.
9. వ్యక్తిగత అలవాట్లు: ఉత్పత్తి, ప్రయోగశాల మరియు నిల్వ ప్రాంతాలలో తినడం, త్రాగడం, నమలడం, ధూమపానం అనుమతించకూడదు. ఆహారం, పాసీయం, ధూమపాన ఉత్పత్తులు మరియు వ్యక్తిగత మందులను ఈ ప్రాంతాల్లో కూడా అనుమతించకూడదు.
10. ఫ్యాషన్ లోని ప్రతి ఒక్కరూ భద్రతా బూట్లు, హెల్మెట్లు, గాగుల్స్ మరియు ఆప్రాన్స్ ధరించాలి.
11. పరిశ్రమ ప్రాంగణంలో ఆటలు ఆడరాదు.
12. ప్రతి ఒక్కరూ మిన్ సంఘటనల గురించి నివేదించాలి.
13. ప్రతిఒక్కరు ఫ్స్ ఇన్ ఫ్స్ అవుట్ పద్ధతిని పాటించాలి.
14. కెమికల్స్ హెండిల్ చేసేటప్పుడు ఎం ఎన్ డి ఎన్ లో నివేంచినబడినట్లుగా పిపింగ్ ని యుపయోగించాలి.
15. పైన తెలిపిన అన్ని నియమాలు పరిశ్రమ లో పనిచేసే ప్రతిఒక్కరు పాటించాలి.

**అధీకృత సంతకం:**

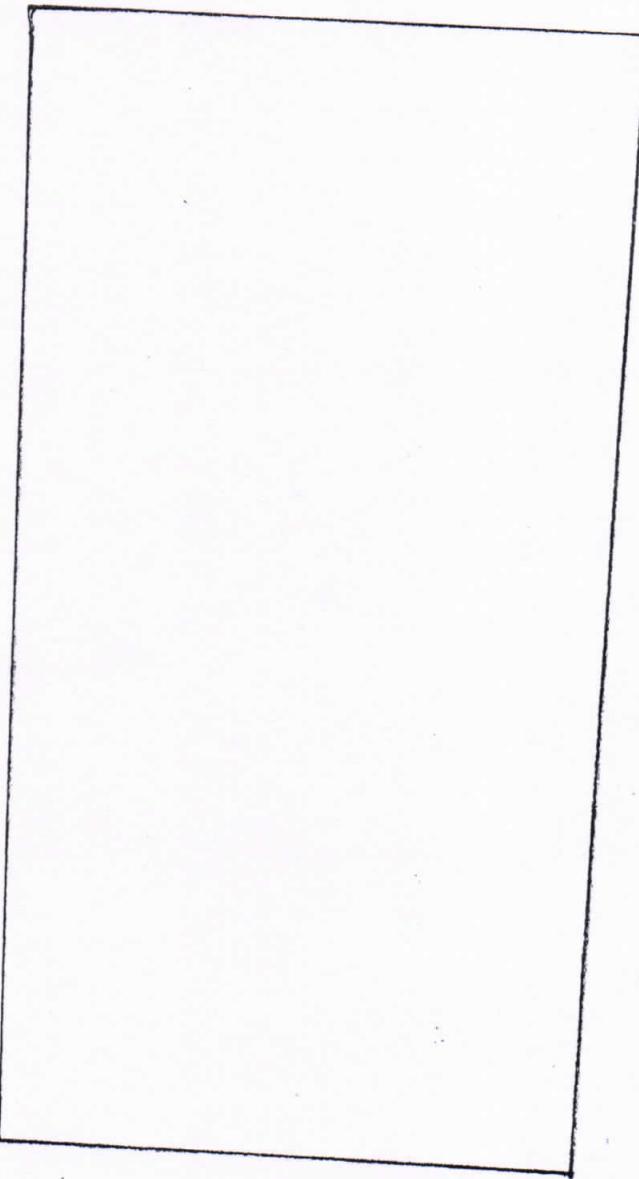
### ప్రమాదకరమైన రసాయనాలను ఉపయోగించడం

1. అన్ని రసాయనాలను షాప్‌స్టిక్ పాలెట్ పైన నిర్మారిత ప్రాంతం తో నిల్వ చేయండి.
2. రసాయనాలను ని హ్యాండిల్ చేయడానికి ముందు మెటీరియల్ సెఫ్ట్ డేటా మీటు (ఎం ఎస్ డి ఎస్)ని చదవండి.
3. రసాయనాలు మరియు ద్రావణి లను ఉపయోగించేటప్పుడు, తగిన వ్యక్తిగత సంరక్షణ పరికరం (పిపిఱః) ని ఉపయోగించండి.
4. యసిడ్ ఉపయోగించే విషయంలో, యసిడ్-ఆల్కూలీ గ్లపజులు, గాగుల్స్, సెఫ్ట్ మాలు మరియు యసిడ్ కార్బ్రిడ్డ్ ని ఫేస్ మాస్క్ తో ఉపయోగించండి.
5. జ్ఞారహ్యండ్లింగ్ విషయంలో గ్లపజులు, గాగుల్స్, సెఫ్ట్ మాలు మరియు ఫేస్ మాస్క్ ఉపయోగించండి.
6. ఒకవేళ ద్రావణి హ్యాండ్లింగ్ అయితే, వేపర్ కార్బ్రిడ్డ్ తో నైట్రిల్ గ్లపజులు, గాగుల్స్, సెఫ్ట్ మాలు మరియు సాల్వోంట్ ఫేస్ మాస్క్ ఉపయోగించండి.
7. ఏదైనా రసాయనం ఒలికిపోయినట్లయితే, ఒలికిపోయిన రసాయనాలను తోలగించండి మరియు ఇటీవీ లో డిసోబ్ చేయండి.
8. ఒకవేళ శరీరం పై రసాయనం లేదా ద్రావణం ఒలికిపోయినట్లయితే, ఆ వ్యక్తిని ఘర్ వద్దకు తీసుకొని రండి మరియు ప్రభావిత వ్యక్తి ని నీటితో బాగా శుభ్రం చేసేవిధంగా ధృవీకరించుకోండి.
9. కండ్లకు ఏదైనా ద్రావకం లేదా రసాయనాలు ఉంచే కంటి వాపర్ లో కళ్ళను బాగా శుభ్రం చేసి వైద్య సాయం పొందాలి.
10. రసాయనం లేదా ద్రావణి మంటల్ని నిర్మారిత ప్రాంతంలో ఉంచి, వెంటనే మంటలను ఆర్పణ కొరకు, తదుపరి చర్య కొరకు తోటి వర్కుర్ మరియు డిపార్ట్ మెంట్ హెడ్ ని అలర్చి చేయాలి.

అధీకృత సంతకం:

DG SET and RO plant Earth pits Location

W  
↑



↓ N

S ↑

RO | EP-01  
—

DG | EP-01      DG | EP-02  
—                —

↓  
E

Transformer      Yard      Earth pits      Location.

E  
↑

TF/EP-01      N  
○  
=

[T<sub>31</sub>/f]      N

TF/EP-02      N  
○  
=

TF/EP-03      Body  
○  
=

Body  
○  
=

TF/EP-04

S ←

Cubical meter

TF/EP-05      N  
○  
=

B  
○  
=

TF/EP-06

→ Z

Main A/B switch

TF/EP-07  
○  
=

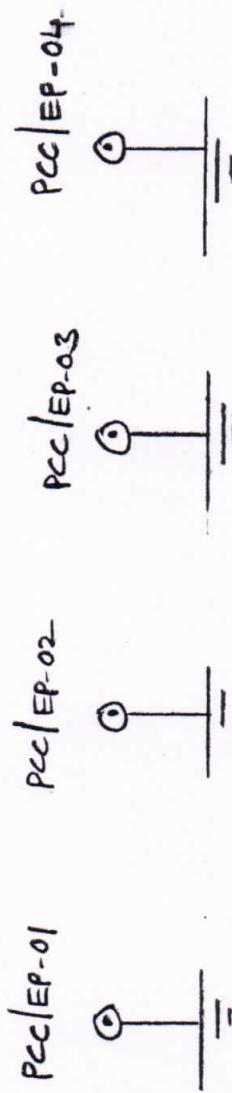
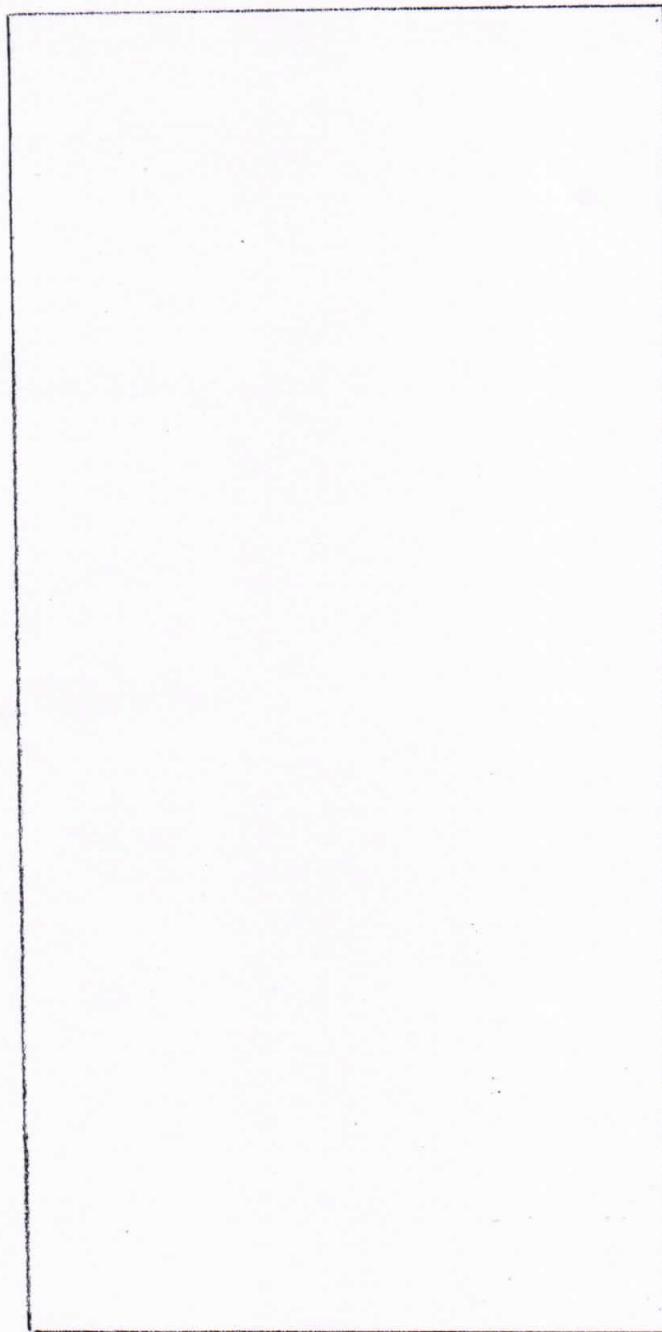
○  
=

TF/EP-08

↓  
W

Main PCC panel side Earth pit Location

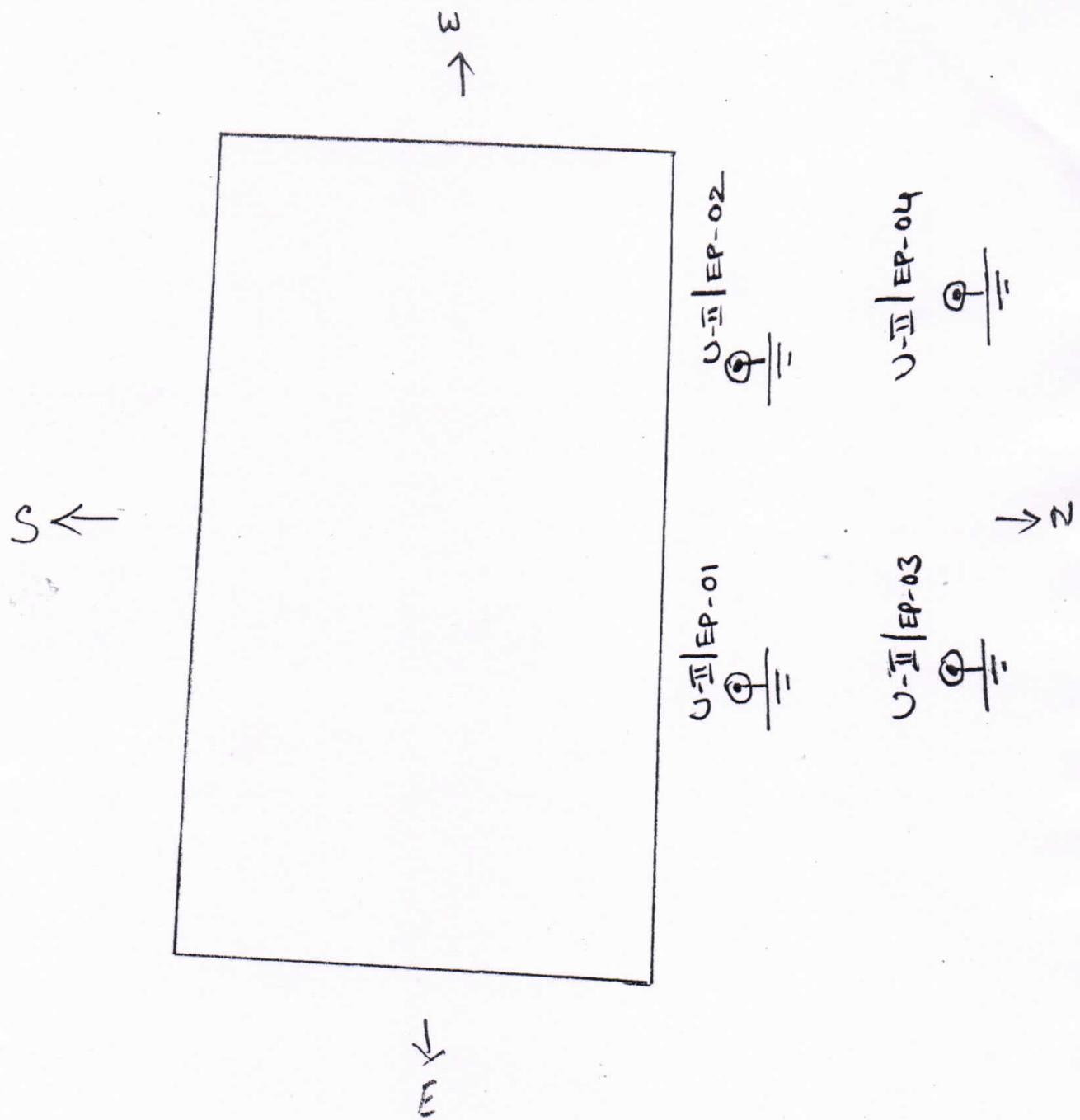
→ E



↓ Z

← C

Unit-II / Earth Pits Location.

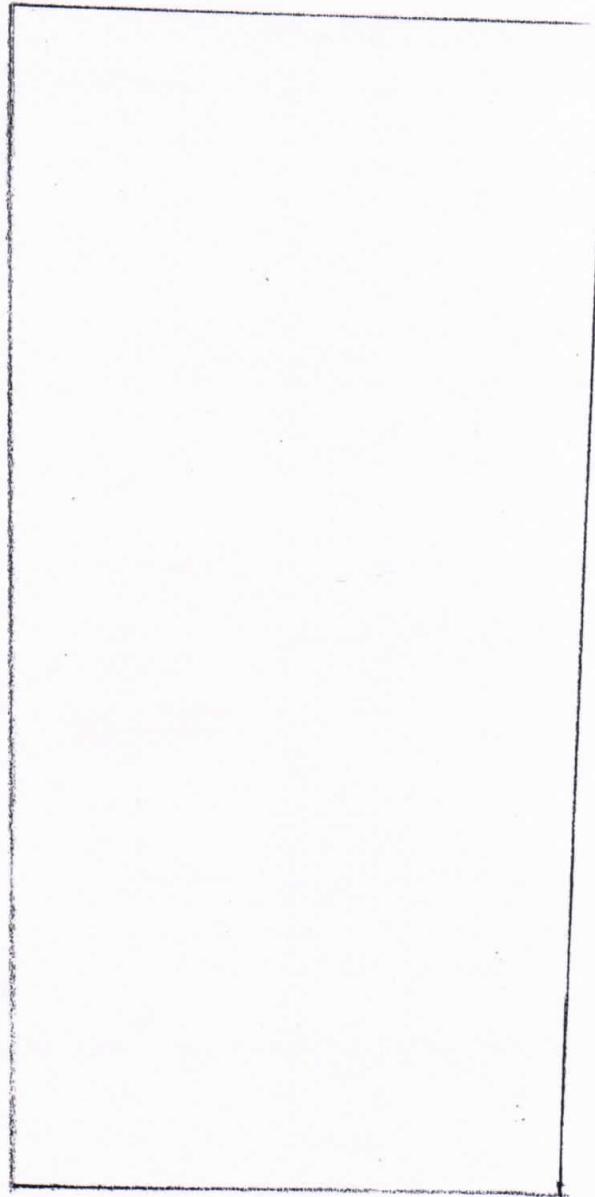


Unit-I | Earth Pits Location

$\omega$   
↑

N ←

→ S



U-I/EP-01

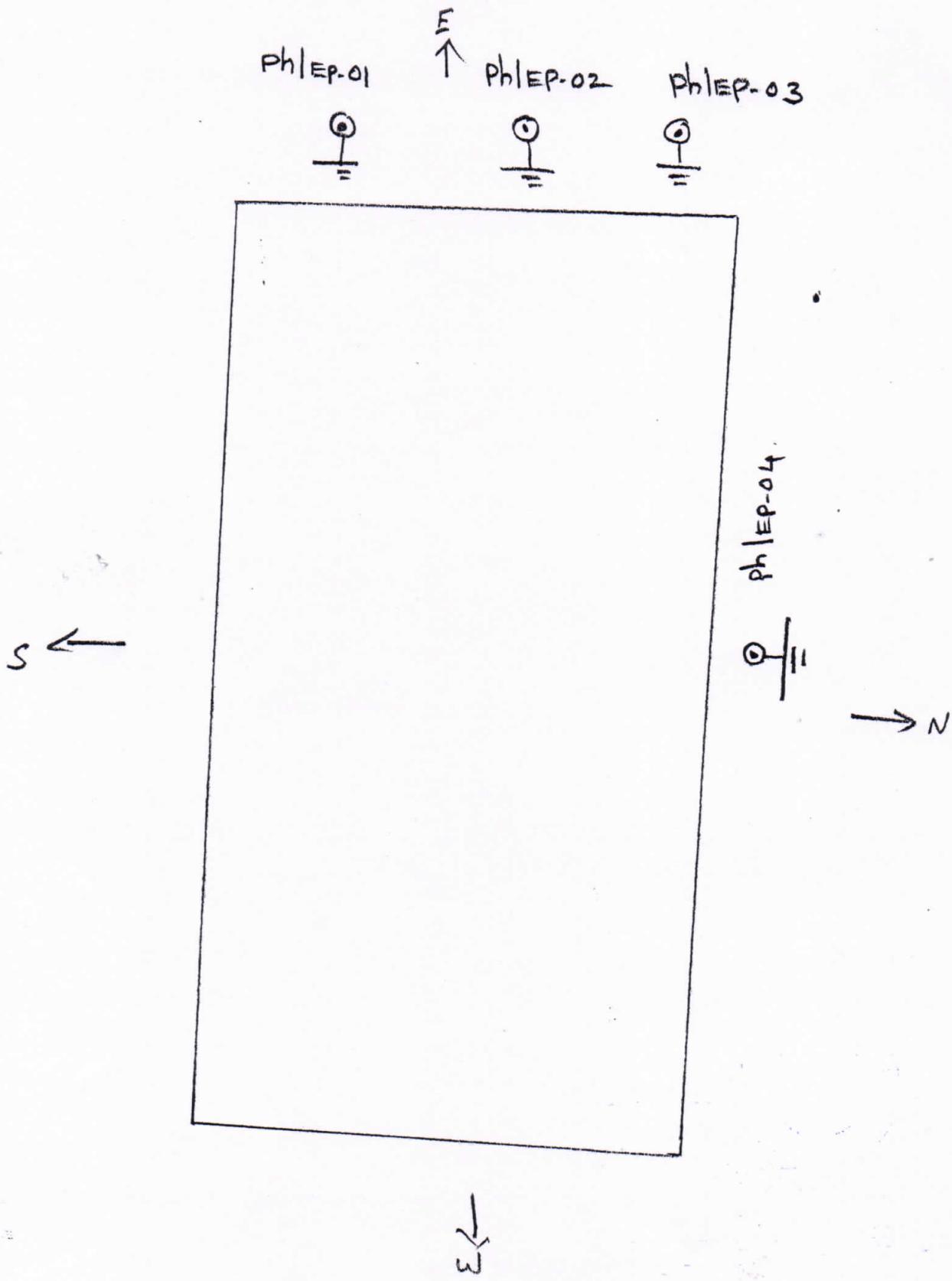
$\frac{1}{2}$

U-I/EP-02

$\frac{1}{2}$

↓  
E

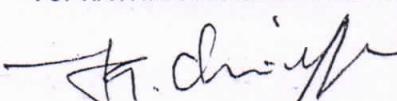
pharma Earth Pts Location





## PURCHASE ORDER

## WORK ORDER

<b>Invoice To</b> Rathna Biolife Pvt. Ltd. <i>(Formerly Rathna Bioteek Pvt. Ltd.)</i> Kolamasanapalle (V&P) Palamaner (M), Chittoor Dt. Andhra Pradesh Mob No: 9652272122	<b>Order No.</b> RBPL/PO-245/2020-21	<b>Dated:</b> 29.10.2020			
	<b>Other details</b>	<b>Payment Terms</b> 100% Against P.I.			
<b>Supplier:</b> <b>Pro Delta Fire Safety Systems Pvt. Ltd.</b> # 11, Hongasandra 9th Main Road, Sriram Nagar, Garvebhavi pallaya, Bangalore - 56068 Mob no.: 9741575467	<b>Quotation Ref:</b> Email	<b>Dated:</b> 21.10.2020			
	<b>Dispatch through</b>	<b>Destination</b>			
<b>Terms of Delivery:</b>		Within 4 weeks from the date of P.O.			
S.No	Description of Goods	Quantity	Unit	Price /Unit	Amount
1	Fire Safety Alaram (Specifications as mentioned in your quotation)	1	Set	50,000	50,000
Basic order value Rs.					50,000
GST @18%					9,000
Grand total Rs.					59,000
Amount chargeable (in words) Rs. Fifty Nine thousand only.					
Buyers GSTIN No: 37AADCR3183P3ZQ					
For RATHNA BIOLIFE PVT. LTD.  Authorised Signatory					



## PURCHASE ORDER



## PURCHASE ORDER

Annexure No.	6	SOP No.	SOP/HR/004
Version No.	01	Valid since	10.01.20
Page No.		1 of 1	

### TRAINING ATTENDANCE RECORD

Training Topic	WORK PERMIT		
Document Number			
Date	19/10/2020	Venue	
Training	From	3:30 PM	To
Training Duration			
Mode of training	Virtual		
Name of Trainer			

### Details of participants (Use another sheet if required)

No.	Name of the Trainee	Employee Code	Designation	Department	Signature
1.	D91-LK Shambu Reddy	RBLPL1071	Manager	PL	
2.	S. Seenivasan	RBLPL1051	Production Supervisor	PT I, II	
3.	A. Prasad	RBLPL1024	Store I/C	Store	
4.	E. Venkatesh Reddy	-NA-	QA Assistant	QA	
5.	M. Sadaki Koni	RBLPL1050	Production Supervisor	Production	
6.	P. Murian	RBLPL1027	Production Executive	Productivity	
7.)	D. Sundeep		Manager	H& Admin	
8.)	T. Sathish Kumar				

Trainer (sign & date):

Approval details	Name	Designation	Sign	Date
Prepared by	Mr. Raja Reddy	Deputy Manager-HR		02.01.20
Reviewed by	Ms. B. Anitha	Q.A Executive		03.01.20
Approved by	Mr. K. Chinnappa	Plant Head		04.01.20

## TRAINING EVALUATION

Training Topic	WORK PERMIT SYSTEM		
Name of the trainer	K. Chinnappa	Venue	Conference Room
Name of the trainee	Darise Shahabadi	Designation	Manager
Department	R&D	Date of training	19/01/20

## STANDARD ANSWER SHEET

Note: 1. All Questions are compulsory      2. All Question carry equal marks

3. Write A/B/C/D wherever applicable in answer option column

4. Take photocopy if required      5. Each Question carry 01 Mark

Q. No.	Questions	Answer option	Score (to be filled by trainer)
1.	Work Permit system is mandatory for a company A. Yes. B. No. C. Not required D. Not applicable	A	1
2.	How many permit systems available in our company. A. 5. B. 6. C. 7. D. 8.	C	1
3.	Cold permit is used for A. Water line and steam line modification. B. Small civil work. C. Chemical and solvent line changing. D. All above	A	X
4.	Explosive meter reading to be done for area where Hot work permit issued. A. Not required. B. Can be used. C. Mandatory requirement. D. None of the above.	C	1
5.	Confined space entry can be performed when Plant Head authorize the permit. A. Not a mandatory requirement. B. Mandatory requirement. C. Not compulsory. D. Not applicable.	B	1

Q. No.	Questions	Answer option	Score (to be filled by trainer)
6.	In case of emergency, all permits will get cancelled. A. No. B. Not applicable C. Yes. D. None of the above.	C	1
7.	Oxygen content must to be measured for any confined space entry, it should be A. 19% B. 20%. C. 22%. D. 23%	A	4
8.	Which is the compulsory PPE for a person working at the height? A. Goggles. B. Gloves. C. Safety belt. D. Lung protector.	C	1
9.	For equipment shift, the followings are required. A. Approximate weight of the equipment to be lifted. B. Lifting capacity of the crane. C. Chain pulley safe working load. D. All above.	D	1
10.	Stand by watcher is important for a confined space entry A. Mandatory. B. Not a mandatory. C. Can be kept. D. Not applicable.	A	1

<b>PERCENT REQUIRED FOR QUALIFICATION : <math>\geq 80\%</math></b>		Total score	8
Conclusion: After the Evaluation of the assessment it was found that the trainee <b>QUALIFIES/ DISQUALIFIES</b> the training. If trainee scores less than 80% retraining is given, then need to be evaluated.		% Score	80%
		Qualifies	—
		Disqualifies	—
Filled by  	Checked by  	Verified by	
Trainee 19/10/20 (Sign & Date)	Trainer 19/10/20 (Sign & Date)	Manager - QA (Sign & Date)	

**ఫౌండ్రీ ప్రాంగణంలో పాటినచల్చిన తప్పనిసరి నియమాలు**

1. ఆరోగ్య తనిఖీలు: ఉద్యోగానికి వచ్చే ముందు ఉద్యోగి ఆరోగ్య పరీక్షలు చేయించుకుని రావాలి.
2. పరీక్ష తర్వాత ఆరోగ్యం మంచిగా వున్న స్తోత్రేనే సిబ్బంది పనిలోకి అనుమతించాలి.
3. పరిశుభ్రత పద్ధతులు: తయారీ ప్రక్రియలో పాల్సొన్న సిబ్బంది అందరూ మంచి స్థాయి వ్యక్తిగత పరిశుభ్రతను పాటించాలి.
4. ప్రతి ఒక్కరూ గోర్రు సరిగ్గా కత్తిరించాలి.
5. ప్రతి ఒక్కరు కీన్ మేవ్ చేసుకుని రావాలి.
6. అనారోగ్యాలి: అనారోగ్యాలి తేణా ఉత్సవాల్లో సాంఘికాలు ప్రథమాలు దేశీ బహిరాలు కలుగిన సిబ్బంది ప్రారంభ పదార్థాలు, ప్రోకేజింగ్, ప్రాసెన్సలోని పదార్థాలు లేదా మందులను నిర్వహించకూడదు, అవి కోలుకునే వరకు మరియు ఇక్కెలు ప్రమాదం ఉండదు. ఆహారం వల్ల కలిగే అనారోగ్యంతో బాధపడుతున్న సిబ్బంది మరియు కాంట్రాక్టర్లు (లక్షణాలలో విరేచనాలు, వాంతులు, పొప్పలైట్స్ ఉన్నాయి) కష్టమర్ సైట్ సంప్రదింపులకు తెలియజేయాలి మరియు వారు సంప్రాంగణంలోకి ప్రవేశించవచ్చే లేదో నిర్దయించాలి.
7. వస్తువులను ఉపయోగించడం: చేతులు మరియు ప్రారంభ పదార్థాలు, ప్రాధమిక ప్రోకేజింగ్ సామగ్రి మరియు జంటర్లు ఉపయోగించడం లేదా బల్కు ఉత్పత్తుల మధ్య ప్రత్యక్ష సంబంధం ఉండకూడదు.
8. దుస్తులు: ఉత్పత్తి ప్రాంతాలలో ఉన్న వ్యక్తులు ఉత్పత్తి సిబ్బంది, కాంట్రాక్టర్లు, ఉద్యోగులు, సందర్భాలు, నిర్వాహకులు మరియు ఇన్సెప్షన్స్ రూపాలు ఉపయోగించడం లేదా ఉత్పత్తులు మరియు వ్యక్తిగత మందులను ఈ ప్రాంతాల్లో కూడా అనుమతించకూడదు.
9. వ్యక్తిగత అలవాట్లు: ఉత్పత్తి, ప్రయోగశాల మరియు నిలవ్ ప్రాంతాలలో తినడం, త్రాగడం, నమలడం, ధూమపానం అనుమతించకూడదు. ఆహారం, పాసీయం, ధూమపాన ఉత్పత్తులు మరియు వ్యక్తిగత మందులను ఈ ప్రాంతాల్లో కూడా అనుమతించకూడదు.
10. ఫౌండ్రీలోని ప్రతి ఒక్కరూ భద్రతా బూట్లు, పోలైట్లు, గాగుల్స్ మరియు ఆప్రాస్ ధరించాలి.
11. పరిశ్రమ ప్రాంగణంలో అటలు ఆడరాదు.
12. ప్రతి ఒక్కరూ మిన్ సంఘటనల గురించి నివేదించాలి.
13. ప్రతిఒక్కరు ఫ్స్ట్ ఇన్ ఫ్స్ట్ అవుట్ పద్ధతిని పాటించాలి.
14. కెమికల్స్ హెండిల్ చేసేటప్పుడు ఎం ఎస్ డి ఎస్ లో నివేంచినబడినట్లుగా పిపిశ్ ని యుపయోగించాలి.
15. పైన తెలిపిన అన్ని నియమాలు పరిశ్రమ లో పనిచేసే ప్రతిఒక్కరు పాటించాలి.

అధీకృత సంతకం:



## STANDARD OPERATING PROCEDURE

Title: SAFETY WORK PERMIT SYSTEM

Version No. 01 Valid since: 02.11.20 Replaces Version: Nil Review Date: 01.11.23

1. Purpose : To lay down a standard operating procedure for Safe Work Permit system is to identify Hazards associated with a non-routine job and to develop precautions required to control each hazard identified.

2. Scope : This SOP shall be applicable for all the departments of the Rathna Biolife Pvt. Ltd., Kolamasanapalle.

3. Frequency : When required

4. Definitions : -----

5. Responsibility :

Safety Department: to prepare the SOP and implement the SOP.

QA department: to review and approve and control the documents.

Individual departments: Ensure that SOP is followed to ensure the safety of the plant operations.

6. Original Standard Operating Procedure with: Quality Assurance.

7. Copy issued to

1. Production
2. QC
3. Stores
4. Engineering
5. Purchase
6. H.R
7. Pharma
8. Liquid Filling section

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VVS	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	D. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

Restricted circulation

**STANDARD OPERATING PROCEDURE**
**SAFETY WORK PERMIT SYSTEM**

Title:

Valid since: 02.11.20

Replaces Version: Nil

Review Date: 01.11.23

**Action / Implementation Steps**
**8. Procedure:**

- 8.1 Safety work permit system is mandatory to carry out the any operation in the plant.
- 8.2 The permit system is designed based of the nature of the work carried out in the plant.
- 8.3 These work permits ensure that safe operation is done in the plant.
- 8.4 The work permit is divided into seven categories
  - A. Cold work permit
  - B. Hot work permit
  - C. Confined space (closed vessel) entry work permit.
  - D. Excavation work permit
  - E. Loading and unloading of solvent and chemicals Work permit.
  - F. Work for working at height.
  - G. Work permit Equipment shifting.

**A. Cold work permit:**

This permit is used to carry small modification and maintenance work like

- a. Pipe lines (steam, solvent, chemical, cooling water, vacuum, compressed air and chilled water) modification.
- b. line shifting within the department
- c. Civil work without chipping
- d. Small equipment bring inside and taking outside the department.
- e. The cold work permit will be issued by the job owner and accepted by the job performer.
- f. All safety precautions to be ensured before starting the work.
- g. The permit issuer and permit user shall review and sign the permit before starting the operation.
- h. In case the permit is extended, both issuer and user shall sign permit again for extension.
- i. The area or job done clearance will be given jointly by the performer and area owner.
- j. Refer annexure -1 Details for cold work permit

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VVS	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	K. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	EVR	29/10/20

**Restricted circulation**

**STANDARD OPERATING PROCEDURE**
**Title:** SAFETY WORK PERMIT SYSTEM

**Version No. 01** Valid since: 02.11.20 Replaces Version: Nil Review Date: 01.11.23

**Action / Implementation Steps**
**Mandatory requirement:**

- i. Area where work is to be carried out is cleared from flammable / toxic material
- ii. If there is pressure / temp of the equipment is involved, then they will be brought down to atmospheric level.
- iii. If the equipment connected with pipelines then they are to be cleaned and toxic hazard removed.
- iv. All connected utility services isolated and confirmed.
- v. Equipment is isolated electrically
- vi. Keep the portable tools in proper conditions before starting the operation.
- vii. Any other special tools to be used, keep them in advance to avoid the delay.
- viii. The persons carrying out the activity have to be provided with proper Personal Protective Equipment.

**B. Hot work permit:**

- a. Hot Work permit is for any work using open flames or sources of heat that could ignite materials in the working area where solvent is handled.
- b. Jobs such as grinding, gas cutting, tig welding, Arc welding, open flame heating, use of spark producing equipment, floor chipping and buffing of the vessels in the solvent based plant come under hot work permit.
- c. The Hot work permit will be initiated by Engineering.
- d. The site where work to be done will be checked, reviewed and hot work permit released by respective permit issuer, user and by EHS manager.
- e. The Hot work permit will be finally authorized only by Plant Head of the site which is mandatory.
- f. Solvent level checking by explosive meter is mandatory for hot work permit.
- g. Hot work permit will be given if the solvent vapor is less than 1%.
- h. Refer Annexure -2 for the rules and condition for the hot work.

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VyS	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	C. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

**Restricted circulation**

<b>Title:</b>	<b>SAFETY WORK PERMIT SYSTEM</b>		
Version No. 01	Valid since: 02.11.20	Replaces Version: Nil	Review Date: 01.11.23

**Action / Implementation Steps**
**Mandatory requirement for Hot work permit:**

- i. All flammable/toxic material removed from the area / equipment
- ii. Equipment, receiver and connected pipelines cleaned with water, steamed purged with compressed Air / nitrogen.
- iii. Drainage cleaned, flushed with water covered with wet gunny bag.
- iv. All connected utility services isolated and confirmed.
- v. Equipment electrically isolated and confirmed.
- vi. Surrounding area covered with blanket / running water provided.
- vii. Explosive meter test to be done.
- viii. Fire extinguishers kept stands by.
- ix. Smoke Detector Isolation is required if available.
- x. Surrounding equipments filled with water
- xi. Welding / Grinding / Drilling machines suitably earthed. The cable / connections are in good condition and machines provided with adequate guards
- xii. Are the gas cylinder valves / regulator / hoses checked for leak & in good condition?
- xiii. Use appropriate personal protective equipments (Helmet, Safety Shoes, Safety Goggle, Welding Shield, Leather Hand Gloves, Mask, Full Harness) during hot work

**C. Confined space entry work permit:**

- a. Confined space entry permit is for any closed vessel such as reactor, extractor, blender, over ground solvent storage vessel, underground storage vessel, sewage pits and spray dryer.
- b. This permit is used to go into the vessel for cleaning and doing the maintenance work.
- c. There are rules and condition to use this permit given in the Annexure -3.
- d. The permit will be initiated by area owner.
- e. This permit will be approved by user, performer and finally by EHS manager.

**Mandatory requirement for confined space entry work permit:**

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VYSHNAVI	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	K. CHINNAPPAN	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	E. VISWANATH REDDY	29/10/20

**Restricted circulation**

**STANDARD OPERATING PROCEDURE**
**Page: 5 of 10**
**Title: SAFETY WORK PERMIT SYSTEM**
**Version No. 01      Valid since: 02.11.20      Replaces Version: Nil      Review Date: 01.11.23**
**Action / Implementation Steps**

- i. Equipment Previously used for (Chemical/ Solvents /Product)
- ii. Equipment cleaned with water, steamed and cooled to ambient temperature.
- iii. Equipment/ process pipe lines carrying hazardous liquid / gases/steam removed / blanked
- iv. All connected utility services isolated
- v. Equipment electrically isolated and Fuses handed over to plant owner.
- vi. Motor belts removed, If any
- vii. Equipment / surrounding area tested for explosive gases with meter and found safe.
- viii. If not, Clean the equipment again and recheck.
- ix. Equipment tested for presence of Oxygen, (Oxygen test result should be min 19% by volume), If not, purge compressed air and recheck
- x. Keep compressed air purging on, in the reactor / vessel / tank during man entry.
- xi. SCBA kept ready & airline apparatus, safety ladder & safety belt used as required.
- xii. Have the persons carrying out the activity been provided with proper safety apparels like
- xiii. Goggles / Face Shield / Gloves / Earmuff / Dust Mask /Organic Vapor Mask/PVC suit/
- xiv. PVC apron) Cross Ventilation to be kept on by keeping two manholes/ nozzles / bottom valve open
- xv. I/We accept the work and understood the Safety Instructions regarding the confined space entry.
- xvi. Equipment given to me/us. I/We shall abide and implement these while working

**D. Excavation work permit :**

- a. The permit is for any earth excavation work which has to be carried after thorough examination of the site.
- b. This permit is used to dig ground wherever required.
- c. The place, where excavation to be done, will be checked for drainage point, sewage line, water line, electrical cable and solvent line.
- d. The permit will be initiated by Engineering department.
- e. This permit will be reviewed by user, performer and finally by EHS manager.

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	V.S-1	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	R. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

**Restricted circulation**

**STANDARD OPERATING PROCEDURE**
**Page: 6 of 10**
**Title:** **SAFETY WORK PERMIT SYSTEM**
**Version No. 01** **Valid since: 02.11.20** **Replaces Version: Nil** **Review Date: 01.11.23**
**Action / Implementation Steps**
**Mandatory requirement for excavation work permit:**

- i. Check for underground cables (electrical / LAN / Telephone) or earthing strip below the area to be excavated as per drawings
- ii. If yes at what depth the cables / earthing strip pass
- iii. Type of cable: HT / LT. Is cable electrically isolated / removed
- iv. Checked for underground hydrant / water / other pressurized lines.
- v. No power tools are permitted for digging operation. Only hand tools are permitted
- vi. Mention what kind of tools will be used
- vii. Is the driver possessing the valid Driving License for Heavy Vehicle
- viii. The entire planned excavation area to be cordoned off with cautionary tapes "EXCAVATION WORK IS IN PROGRESS" board displayed at work site
- ix. Fire extinguisher CO2 / DCP kept ready at work site.
- x. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us.
- xi. I/We shall abide and implement these while working

**E. Tanker loading and unloading work permit:**

- a. This permit is for loading and unloading solvents like methanol, ethanol, diesel etc. from the tanker to underground or vice versa.
- b. This permit is used in our factory for unloading of methanol and ethanol to the underground and diesel to the over ground tanks.
- c. The permit will be initiated by Stores department.
- d. This permit will be reviewed by user, performer and finally approved by EHS manager.

**Mandatory requirement for excavation work permit:**

- i. Tanker has been parked in the specified area
- ii. Spark arrestor is available for the tanker
- iii. Vehicle engine is stopped

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VVS	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	A. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	JVR	29/10/20

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## STANDARD OPERATING PROCEDURE

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Title: SAFETY WORK PERMIT SYSTEM

Version No. 01 Valid since: 02.11.20 Replaces Version: Nil Review Date: 01.11.23

## Action / Implementation Steps

- iv. Wooden stopper provided to wheels of the tanker (minimum 2 wooden stopper).
- v. Tank initial level is checked and empty space is confirmed for loading the solvent.
- vi. Hose pipe is connected to the tanker is intact.
- vii. Earthing/ bonding provided to the tanker
- viii. The solvent is approved by the QC
- ix. Adequate fire extinguisher is available in the place
- x. Tanker initial weight is taken
- xi. There is ignition source around the loading or unloading area
- xii. Safety apparels are available for the employees
- xiii. Name of the incharge performing the job
- xiv. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us.
- xv. I/We shall abide and implement these while working. Refer the details in annexure -5

## F. Work permit for working at height:

- a. Working at height permit is mandatory when the people working at height to ensure that they are working safely
- b. This permit is used for working in the chimney, painting at the height, working in the scaffolding structure etc.
- c. Safety belt is mandatory while doing this job.
- d. The permit will be initiated by Engineering.
- e. The permit is issued after verifying the hazard like chemical and electrical around the area.
- f. This permit will be approved by user, performer and finally by EHS manager. Refer the details in annexure-6

## Mandatory requirement for work permit for working at height:

- i. Please mention approximate height from the floor. \_\_\_\_\_ meter(s)
- ii. Safety Belt worn by the person with proper anchorage.
- iii. Safety Belt(s) being used for the activity checked for its condition.
- iv. Have the person carrying out the activity been provided with proper Personal Hand.

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	Vyshnavi	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	K. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	EVR	29/10/20

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## STANDARD OPERATING PROCEDURE

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Title: SAFETY WORK PERMIT SYSTEM

Version No. 01 Valid since: 02.11.20 Replaces Version: Nil Review Date: 01.11.23

## Action / Implementation Steps

- v. Protective Equipments – (Helmet / Safety Shoes / Safety Goggle / Face Shield Gloves / Mask / Ear Muff.
- vi. Ensure that scaffolding is mechanically strong
- vii. Use safety ladder to be extended by one meter beyond the place of work
- viii. Ensure that harmful gases are not expelled out from exhaust ducting near the Place of work
- ix. Is the area exactly below the work hardened off with "Work In Progress" tape?
- x. Has all the hazardous material been removed from the area / equipment?
- xi. Is the activity involves working on Fragile Roof? Are crawling boards used?
- xii. Are the workers trained to use crawling board
- xiii. Any other instruction
- xiv. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us. I/We shall abide and implement these while working.

## G. Work permit for shifting the equipment:

- a. Equipment shifting permit is mandatory for moving the new/old equipment to the new location of the plant or moving the equipment from one plant to other plant and for relocating the equipment from plant to specified area.
- b. This ensures the safe handling of the equipment and area.
- c. This permit also makes aware of the people about their pre planning of their jobs.
- d. This permit will be initiated by Engineering.
- e. This permit will be approved by user, performer and finally by EHS manager.

## Mandatory requirement for work permit for equipment shifting:

- i. Approximate Weight of Equipment
- ii. Crane/Hydra Operator License Validity
- iii. Chain Pulley Block /Rope Safe working load and test certification validity:
- iv. Check the capacity/strength of structure where chain pulley block to be fitted
- v. Are the people involved in lifting / shifting of heavy material trained in Manual Handling

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA		28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head		29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA		29/10/20

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## STANDARD OPERATING PROCEDURE

Title: SAFETY WORK PERMIT SYSTEM

Version No. 01 Valid since: 02.11.20 Replaces Version: Nil Review Date: 01.11.23

## Action / Implementation Steps

Activity?

- vi. The portable tools used for Equipment shifting are in safe conditions?
- vii. Has the pressure of the equipment brought down to atmospheric level?
- viii. Has the temperature of the equipment/area brought to ambient level?
- ix. Has all the hazardous material been removed from the area / equipment/ connected pipelines?
- x. Has the equipment / area been electrically isolated and adequately segregated from the hazards in the vicinity.
- xi. Fuses are handed over to electrical person
- xii. Have the persons carrying out the activity been provided with proper Personal Protective Equipment like Helmet / Safety Shoes / Protective Goggles / Face Shield / Gloves / Earmuff / Respirators
- xiii. Is the area adequately isolated and caution boards displayed?
- xiv. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us. I/We shall abide and implement these while working
- xv. Crane/Hydra Safe working load test certification validity
- xvi. Any other precautions to be taken

## 9. Abbreviation:

SOP: standard Operating Procedure

QC: Quality Control

QA; Quality Assurance

PD: Production

Pvt.: private

Ltd: Limited

EHS: Environment Health and Safety

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VVS - C	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	R. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

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## STANDARD OPERATING PROCEDURE

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Title: SAFETY WORK PERMIT SYSTEM

Version No. 01 Valid since: 02.11.20 Replaces Version: Nil Review Date: 01.11.23

## Action / Implementation Steps

## 10. Annexures.

Annexure – 1 : Cold work permit

Annexure – 2 : Hot work permit

Annexure – 3 : Confined space enter work permit

Annexure – 4 : Excavation permit

Annexure – 5 : Tanker loading and unloading permit.

Annexure – 6 : work permit for working at height.

Annexure – 7 : work permit for equipment shifting.

## 11. Revision details:

Version No.	Effective Date	Brief description of changes
01	02.11.20	First Issue

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VYSHNAVI	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	K. CHINNAPPAN	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	E. VISWANATH REDDY	29/10/20

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 <b>RATHNA BIOLIFE</b> <small>BIOMEDICALS</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	1	SOP No.	SOP/SA/091
		Version No.	01	Valid since	02.11.20
		Page No.	1 of 2		

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### COLD WORK PERMIT

Sr. No.- \_\_\_\_\_

**Note:**

1. It is the responsibility of permit user (Company Engineer & Contractor Supervisor) to follow the safety precautions mentioned in this permit.
2. Site conditions must be personally checked by permit user and issuer (Permit Initiating Department / Production Department).
3. Before starting the job, the Permit Issuer should review the impact of the activity on any other activities in the vicinity and vice versa
4. The Contractor / Supervisor should ensure that all employees deployed on the job are physically and mentally fit to carry out the job.
5. The Supervisor should ensure that the person carrying out the job fully understands the job and necessary precautions to be taken during work.
6. This original copy of permit should be displayed at site while carrying out the job, duplicate copy should remain in the book and original copy should be returned to the initiating department after completion of job.
7. This permit is valid for the prescribed period only and should be renewed everyday with concurrence of the respective officers.
8. In case of emergency, the permit should be cancelled forthwith & reissued after the emergency is over & the area is declared safe.
9. The permit user is not authorized to alter/amend to the job / conditions described in the permit.

Location/Equipment : \_\_\_\_\_

Details of work : \_\_\_\_\_

Name of Person/Contractor: \_\_\_\_\_

Date of Permit Issue : \_\_\_\_\_

Time of Permit Issue : \_\_\_\_\_ Hrs. To : \_\_\_\_\_ Hrs.

**Checklist:**

Done	Not Applicable	Sign
------	----------------	------

1. Area where work is to be carried out is cleared from flammable / toxic material?   \_\_\_\_\_
2. Has the pressure / temp of the equipment brought down to atmospheric level?   \_\_\_\_\_
3. Is the equipment and connected pipeline cleaned & toxic hazard removed?   \_\_\_\_\_
4. All connected utility services isolated Done By: \_\_\_\_\_ Sign: \_\_\_\_\_
5. Equipment is isolated electrically Done By: \_\_\_\_\_ Sign: \_\_\_\_\_
6. Are the portable tools in proper safe conditions?   \_\_\_\_\_
7. Any other special tools to be used?   \_\_\_\_\_
8. Have the persons carrying out the activity been provided with proper Personal Protective Equipment -  
(Helmet / Safety Shoes / Protective Goggles / Face Shield / Gloves / Earmuff / Dust Mask /Organic Vapour Mask/PVC suit/ PVC apron)  
Any other mention - \_\_\_\_\_
9. Please give the reference number of any other permit issued.  \_\_\_\_\_
10. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us. I/We shall abide and implement these while working.  \_\_\_\_\_
11. Any other precautions to be taken \_\_\_\_\_

Name & Sign Permit User: _____	Name & Sign of Permit Issuer: _____
Date : _____	Date : _____
Time : _____	Time : _____

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VY	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	J.C.	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

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 <b>RATHNA BIOLIFE</b> <small>PVT. LTD.</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	1	SOP No.	SOP/SA/001
		Version No.	01	Valid since	02.11.20
		Page No.	2 of 2		
<b>COLD WORK PERMIT</b>					

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### VALIDATION OF PERMIT

**In case of Extension of the Job:**

Date	From Time	To Time	Name & Sign Permit User	Name & Sign Permit Issuer	Remarks

**Close out of permit**

Close out Checks (In case the answer is NO give proper justification and course of action in column any other remarks)	Signature of Shift Officer				
	Done	NA	NO	User Department	Issuer Department
1. Job Completed					
2. Electrical Power Restored				Any other remarks, if any:	
3. Utility Services Restored					
4. Fire Alarm System Restored					
5. Other relevant Permit closed					
6. Area/Equipment Cleared					
7. Tools and tackles removed from site					
8. Area Isolation Removed					
9. Area/Equipment Handed over to user Department					

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	Vyshnavi	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	Mr. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

Restricted circulation



## HOT WORK PERMIT

Permit No. \_\_\_\_\_

Note :

- It is the responsibility of permit user (Company Engineer & Contractor Supervisor) to follow the safety precautions mentioned in this permit.
- Site conditions must be personally checked by permit user and issuer (Permit Initiating Department / Production Department).
- The user is not authorized to alter / amend to the job/condition described in the permit.
- Before starting the job, the Permit Issuer should review the impact of the activity on any other activities in the vicinity and vice versa
- The Contractor / Supervisor should ensure that all employees deployed on the job are physically and mentally fit to carry out the job.
- The Supervisor should ensure that the person carrying out the job fully understands the job and necessary precautions to be taken during work.
- This original copy of permit should be displayed at site while carrying out the job, duplicate copy should be submitted to Security and original copy should be returned to the safety department after completion of job.
- This permit is valid for the prescribed period only.
- Work permit has to be displayed at the place of work along with the respective isolation tag and warning labels as applicable.
- During welding operation, used welding rods must be dropped in metallic water bucket.
- In case of emergency, the permit should be cancelled forthwith & reissued after the emergency is over & the area is declared safe.

Department/Area : \_\_\_\_\_ Equipment No. : \_\_\_\_\_

Details of work : \_\_\_\_\_

Name of the Contract Party: \_\_\_\_\_

Date of Permit Issue : \_\_\_\_\_

Time of Permit Issue : \_\_\_\_\_ Hrs. To: \_\_\_\_\_ Hrs.

CHECKLIST :	Done	Not Applicable	sign
01. All flammable/toxic material removed from the area / equipment.	<input type="checkbox"/>	<input type="checkbox"/>	_____
02. Equipment, receiver and connected pipelines cleaned with water, steamed, purged with compressed Air / nitrogen.	<input type="checkbox"/>	<input type="checkbox"/>	_____
03. Drainage cleaned and flushed with water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
04. All connected utility services isolated Done By: _____ sign: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
05. Equipment electrically isolated. Done by _____ Sign _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
06. Surrounding area covered with blanket / running water provided.	<input type="checkbox"/>	<input type="checkbox"/>	_____
07. Is the Explosive meter test done? Reading: _____ Done By: _____ Sign: _____ Time: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
08. Fire extinguishers kept stands by (Type: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____
09. Smoke Detector Isolation is required, mention permit no.	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Surrounding equipments filled with water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Welding / Grinding / Drilling machines suitably earthed. The cable / connections are in good condition and machines provided with adequate guards.	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Are the gas cylinder valves / regulator / hoses checked for leak & in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Use appropriate personal protective equipments (Helmet, Safety Shoes, Safety Goggle, Welding Shield, Leather Hand Gloves, Mask, Full Harness) during hot work.	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Other special precautions. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us. I/We shall abide and implement these while working.	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Please give reference number of any other permit issued _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VY	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	T. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

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 <b>RATHNA BIOLIFE</b>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	2	SOP No.	SOP/SA/001
		Version No.	01	Valid since	02.11.20
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<b>HOT WORK PERMIT</b>					

Name of persons carrying out job : \_\_\_\_\_  
 Name of standby person / supervisor : \_\_\_\_\_

Name & Sign Permit Issuer : _____	Name & Sign of Authorised Person: _____
Date : _____	Time : _____
Name & Sign of Permit User : _____	Name & Sign of Authorised Person: _____
Date : _____	Time : _____
Name & Sign of Security Officer: _____	Name & Sign of Safety Officer : _____
Date : _____	Time : _____

### **VALIDATION OF PERMIT**

**In case of Extension of the Job:**

Date	From Time	To Time	Name & Sign Permit User	Name & Sign Permit Issuer	Name & Sign Authorised Person	Name & Sign of Safety Officer	Name & Sign of Security Officer	Remarks

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VyS	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	M. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

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 <b>RATHNA BIOLIFE</b> <small>BIOLOGICAL EXPERTS</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	2	SOP No.	SOP/SA/001
		Version No.	01	Valid since	02.11.20
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<b>HOT WORK PERMIT</b>					

**Close out of permit**

Close out Checks (In case the answer is NO give proper justification and course of action in column any other remarks)				Signature of Shift Officer	
	Done	NA	NO	User Department	Issuer Department
1. Job Completed					
2. Electrical Power Restored				Any other remarks, if any:	
3. Utility Services Restored					
4. Fire Alarm System Restored					
5. Other relevant Permit closed					
6. Area/Equipment Cleared					
7. Tools and tackles removed from site					
8. Area Isolation Removed					
9. Area/Equipment Handed over to user Department					

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VyS	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	T. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

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 <b>RATHNA BIOLIFE</b> <small>BIOMEDICAL SERVICES</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	3	SOP No.	SOP/SA/001
		Version No.	01	Valid since	02.11.20
		Page No.	1 of 3		
<b>CONFINED SPACE (CLOSED VESSEL) ENTRY WORK PERMIT</b>					

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Permit No. : \_\_\_\_\_

**Note:**

1. It is the responsibility of permit user (Company Engineer & Contractor Supervisor) to follow the safety precautions mentioned in this permit.
2. Site conditions must be personally checked by permit user and issuer (Permit Initiating Department / Production Department).
3. Before starting the job, the Permit Issuer should review the impact of the activity on any other activities in the vicinity and vice versa
4. The Contractor / Supervisor should ensure that all employees deployed on the job are physically and mentally fit to carry out the job.
5. The Supervisor should ensure that the person carrying out the job fully understands the job and necessary precautions to be taken during work.
6. This original copy of permit should be displayed at site while carrying out the job, duplicate copy should be submitted to Security and original copy should be returned to the safety department after completion of job.
7. This permit is valid for the prescribed period only.
8. In case of emergency, the permit should be cancelled forthwith & reissued after the emergency is over & the area is declared safe.
9. In case any work of open flame is to be done in the area 'HOT WORK PERMIT' must accompany this permit.
10. Ensure that a safety observer is kept outside throughout the work with all PPE's.
11. Oxygen content to be checked by standby person for every one hour during the job.
12. Do not use the metal objects while working inside the glass-lined reactors.

Department/Area : \_\_\_\_\_

Equipment No. : \_\_\_\_\_

Details of work : \_\_\_\_\_

Name of Contract Party: \_\_\_\_\_

Permit valid for Date : \_\_\_\_\_

Time : From \_\_\_\_\_ To \_\_\_\_\_

**CHECKLIST :**

- | Description                                                                                                                                                                                                                                     | Done                     | Remarks        | Sign |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|------|
| 1. Equipment Previously used for (Chemical/ Solvents /Product) : _____                                                                                                                                                                          | <input type="checkbox"/> |                |      |
| 2. Equipment cleaned with water, steamed and cooled to ambient temp. _____                                                                                                                                                                      | <input type="checkbox"/> |                |      |
| 3. Equipment/ process pipe lines carrying hazardous liquid / gases/steam removed / blanked. _____                                                                                                                                               | <input type="checkbox"/> |                |      |
| 4. All connected utility services isolated Done By: Mr. _____                                                                                                                                                                                   | <input type="checkbox"/> |                |      |
| 5. Equipment electrically isolated by Mr. _____                                                                                                                                                                                                 | <input type="checkbox"/> |                |      |
| 6. Fuses handed over to Mr. _____                                                                                                                                                                                                               | <input type="checkbox"/> |                |      |
| 7. Motor belts removed, if any. _____                                                                                                                                                                                                           | <input type="checkbox"/> |                |      |
| 8. Equipment / surrounding area tested for explosive gases with meter and found safe. If not, Clean the equipment again and recheck. _____                                                                                                      | <input type="checkbox"/> | Reading: _____ |      |
| 9. Equipment tested for presence of Oxygen, (Oxygen test result should be min 19% by volume) , If not, purge compressed air and recheck _____                                                                                                   | <input type="checkbox"/> | Reading: _____ |      |
| 10. Keep compressed air purging on, in the reactor / vessel / tank. _____                                                                                                                                                                       | <input type="checkbox"/> |                |      |
| 11. SCBA kept ready & air line apparatus, safety ladder & safety belt used _____                                                                                                                                                                | <input type="checkbox"/> |                |      |
| 12. Have the persons carrying out the activity been provided with proper Personal Protective Equipment (Helmet / Safety Shoes / Protective Goggles / Face Shield / Gloves / Earmuff / Dust Mask /Organic Vapour Mask/PVC suit/ PVC apron) _____ | <input type="checkbox"/> |                |      |
| 13. Cross Ventilation to be kept on by keeping two manholes/ nozzles / bottom valve open _____                                                                                                                                                  | <input type="checkbox"/> |                |      |
| 14. Any other special precautions to be taken. _____                                                                                                                                                                                            | <input type="checkbox"/> |                |      |
| 15. Please give the reference number of any other permit issued. _____                                                                                                                                                                          | <input type="checkbox"/> |                |      |
| 16. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us. I/We shall abide and implement these while working. _____                                                                 | <input type="checkbox"/> |                |      |

Name of entrant / person carrying out job : \_\_\_\_\_

Name of standby person / watcher : \_\_\_\_\_

(Company personnel)

We certify that the above precautions have been taken and that it is safe to work inside the confined space for the period mentioned above

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	Vyshnavi	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	J. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	K. Reddy	29/10/20

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KOLAMASANAPALLE.

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### CONFINED SPACE (CLOSED VESSEL) ENTRY WORK PERMIT

Name & Sign Permit Issuer : _____	Name & Sign of Authorised Person : _____
Date : _____	Time : _____
Name & Sign of Permit User : _____	Name & Sign of Safety Officer : _____
Date : _____	Time : _____
Name & Sign of Security Officer: _____	
Date : _____	Time : _____

### VALIDATION OF PERMIT

In case of Extension of the Job:

Date	From Time	To Time	Name & Sign Permit User	Name & Sign Permit Issuer	Name & Sign Authorised Person	Name & Sign of Safety Officer	Name & Sign of Security Officer	Remarks

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	Vy	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	JK	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

Restricted circulation

 <b>RATHNA BIOLIFE</b> <small>BIOMEDICAL SERVICES</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	3	SOP No.	SOP/SA/001
		Version No.	01	Valid since	02.11.20
		Page No.	3 of 3		

**CONFINED SPACE (CLOSED VESSEL) ENTRY WORK PERMIT**

**Close out of permit****Close out Checks:**

(In case the answer is NO give proper justification and course of action in column any other remarks)

Signature of Shift Officer

	Done	NA	NO	User Department	Issuer Department
1. Job Completed					
2. Electrical Power Restored				Any other remarks, if any:	
3. Utility Services Restored					
4. Fire Alarm System Restored					
5. Other relevant Permit closed					
6. Area/Equipment Cleared					
7. Tools and tackles removed from site					
8. Area Isolation Removed					
9. Area/Equipment Handed over to user Department					

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	Vyshnavi	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	L. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

Restricted circulation

 <b>RATHNA BIOLIFE</b> <small>AN ISO 9001:2008 CERTIFIED COMPANY</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	4	SOP No.	SOP/SA/001
		Version No.	01	Valid since	02.11.20
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## EXCAVATION WORK PERMIT

Permit No.: \_\_\_\_\_

Note:

1. It is the responsibility of permit user (Company Engineer & Contractor Supervisor) to follow the safety precautions mentioned in this permit.
2. Site conditions must be personally checked by permit user and Issuer (Permit Initiating Department / Production Department).
3. Before starting the job, the Permit Issuer should review the impact of the activity on any other activities in the vicinity and vice versa
4. The Contractor / Supervisor should ensure that all employees deployed on the job are physically and mentally fit to carry out the job.
5. The Supervisor should ensure that the person carrying out the job fully understands the job and necessary precautions to be taken during work.
6. This original copy of permit should be displayed at site while carrying out the job, duplicate copy should be submitted to Security and original copy should be returned to the safety department after completion of job.
7. This permit is valid for the prescribed period only and should be renewed everyday with concurrence of the respective officers.
8. In case of emergency, the permit should be cancelled forthwith & reissued after the emergency is over & the area is declared safe.
9. Only authorised Electrical Engineer shall issue an excavation work permit.
10. Contractor's supervisor / company engineer should remain standby when cable is expected to be opened.

Department / Area : \_\_\_\_\_

Equipment No. : \_\_\_\_\_

Details of work : \_\_\_\_\_

Name of the Contract Party: \_\_\_\_\_

Approximate depth of excavation : \_\_\_\_\_

Date of Permit Issue : \_\_\_\_\_

Time of Permit Issue : \_\_\_\_\_ Hrs.

To : \_\_\_\_\_ Hrs.

CHECKLIST :

	Done	Not Applicable	Sign
01. Check for underground cables (electrical / LAN / Telephone) or earthing strip below the area to be excavated as per drawings. If yes at what depth the cables / earthing strip pass? _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
02. Type of cable: HT / LT. Is cable electrically isolated / removed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
03. Checked for underground hydrant / water / other pressurized lines.	<input type="checkbox"/>	<input type="checkbox"/>	_____
04. No power tools are permitted for digging operation. Only hand tools are permitted. Mention what kind of tools will be used _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
05. In case of use of Earth Moving Machinery, has the driver been provided with helper? Is the driver possessing the valid Driving License for Heavy Vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	_____
06. The entire planned excavation area to be cordoned off with cautionary tape.	<input type="checkbox"/>	<input type="checkbox"/>	_____
07. Is "EXCAVATION WORK IS IN PROGRESS" board displayed at work site?	<input type="checkbox"/>	<input type="checkbox"/>	_____
08. Mention what kind of tools will be used. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
09. Fire extinguisher CO <sub>2</sub> / DCP kept ready at work site.	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Is shuttering of the sides / piling to prevent Cave in of soil provided?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us. I/We shall abide and implement these while working.	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Please give reference of any other Permit issued: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Any other precautions to be taken _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name of person carrying out job : \_\_\_\_\_

Name of standby person / watcher : \_\_\_\_\_

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	V.Vyshnavi	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	R.Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	EVR	29/10/20

Restricted circulation

 <b>RATHNA BIOLIFE</b> <small>biochemicals &amp; pharmaceuticals</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	4	SOP No.	SOP/SA/001
		Version No.	01	Valid since	02.11.20
		Page No.	2 of 3		
<b>EXCAVATION WORK PERMIT</b>					

Name & Sign Permit Issuer : _____	Name & Sign of Authorised Person : _____
Date : _____	Date : _____
Time : _____	Time : _____
Name & Sign of Permit User : _____	Name & Sign of Safety Officer : _____
Date : _____	Date : _____
Time : _____	Time : _____
Name & Sign of Security Officer: _____	
Date : _____	
Time : _____	

### **VALIDATION OF PERMIT**

**In case of Extension of the Job:**

Date	From Time	To Time	Name & Sign Permit User	Name & Sign Permit Issuer	Name & Sign Authorised Person	Name & Sign of Safety Officer	Name & Sign of Security Officer	Remarks

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VVS	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	Mr. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

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 <b>RATHNA BIOLIFE</b> <small>AN INTEGRATED COMPANY</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	4	SOP No.	SOP/SA/001
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**EXCAVATION WORK PERMIT**

**Close out of permit**

<b>Close out Checks</b> (In case the answer is NO give proper justification and course of action in column any other remarks)				Signature of Shift Officer	
	Done	NA	NO	User Department	Issuer Department
1. Job Completed					
2. Electrical Power Restored				Any other remarks, if any:	
3. Utility Services Restored					
4. Fire Alarm System Restored					
5. Other relevant Permit closed					
6. Area/Equipment Cleared					
7. Tools and tackles removed from site					
8. Area Isolation Removed					
9. Area/Equipment Handed over to user Department					

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VyS	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	J. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

Restricted circulation

 <b>RATHNA BIOLIFE</b>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	5	SOP No.	SOP/SA/001
		Version No.	01	Valid since	02.11.20
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<b>LOADING AND UNLOADING WORK PERMIT</b>					

Permit No. : \_\_\_\_\_

**Note :**

1. It is the responsibility of permit user (Stores In charge/ Manager) to follow the safety precautions mentioned in this permit.
2. Site conditions must be personally checked by permit user and issuer (Permit Initiating Department Stores/ Production Department).
3. Before starting the job, the Permit Issuer should review the impact of the activity on any other activities in the vicinity and vice versa
4. The Stores in charge/ Manager should ensure that employee deployed on the job is physically and mentally fit to carry out the job.
5. The Stores in charge/ Manager should ensure that the person carrying out the job fully understands the job and necessary precautions to be taken during work.
6. This original copy of permit should be displayed at site while carrying out the job, duplicate copy should be submitted to Security and original copy should be returned to the safety department after completion of job.
7. This permit is valid for the prescribed period only.
8. In case of emergency, the permit should be cancelled forthwith and reissued after the emergency is over when the area is declared safe.
9. No hot work permit is allowed while loading or unloading solvents or chemicals.
10. Ensure that a trained person is kept throughout the work with all PPE's.
11. Ensure that earthing or bonding is provided while loading or unloading the chemicals or solvent.
12. No naked flame is allowed while using this permit.

Department/Area : \_\_\_\_\_ Storage tank No. : \_\_\_\_\_

Details of work : \_\_\_\_\_

Name of Person : \_\_\_\_\_

Permit valid for Date : \_\_\_\_\_ Time : From \_\_\_\_\_ To \_\_\_\_\_

**CHECKLIST :**

- | Description                                                                                                                                                                  | Done                     | Remarks                  | Sign                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Tanker has been parked in the specified area                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Spark arrestor is available for the tanker                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Vehicle engine is stopped.                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wooden stopper provided to wheels of the tanker (minimum 2 wooden stopper).                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Tank initial level is checked and empty space is confirmed for loading the solvent.                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hose pipe is connected to the tanker is intact.                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Earthing/ bonding provided to the tanker.                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The solvent is approved by the QC.                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Adequate fire extinguisher is available in the place<br>Tanker initial weight is taken                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. There is ignition source around the loading or unloading area<br>Safety apparels are available for the employees.                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Name of the in charge performing the job: _____                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Please give the reference number of any other permit issued around this area                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us.<br>I/We shall abide and implement these while working. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

We certify that the above precautions have been taken and that it is safe to load or unload the solvent

Name & Sign Permit Issuer : _____	Name & Sign of User: _____
Date : _____	Time : _____
Name & Sign of safety officer : _____	Name & Sign of Plant Head : _____
Date : _____	Time : _____

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VYSHNAVI	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	R. CHINNAPPAN	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

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KOLAMASANAPALLE.

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### LOADING AND UNLOADING WORK PERMIT

### VALIDATION OF PERMIT

#### In case of Extension of the Job:

Date	From Time	To Time	Name & Sign Permit User	Name & Sign Permit Issuer	Name & Sign Authorised Person	Name & Sign of Safety Officer	Name & Sign of Security Officer	Remarks

#### Close out of permit

Close out Checks (In case the answer is NO give proper justification and course of action in column any other remarks)	Signature of Shift Officer				
	Done	NA	NO	User Department	Issuer Department
1. Job Completed					
2. Electrical Power Restored					Any other remarks, if any:
3. Utility Services Restored					
4. Fire Alarm System Restored					
5. Other relevant Permit closed					
6. Area/Equipment Cleared					
7. Tools and tackles removed from site					
8. Area Isolation Removed					
9. Area/Equipment Handed over to user Department					

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VyS22	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	R.Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

Restricted circulation

 <b>RATHNA BIOLIFE</b> <small>NATURAL TREATMENT</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	6	SOP No.	SOP/SA/001
		Version No.	01	Valid since	02.11.20
		Page No.	1 of 2		

**WORK FOR WORKING AT HEIGHT**

Permit No. :

Note:

- It is the responsibility of permit user (Company Engineer & Contractor Supervisor) to follow the safety precautions mentioned in this permit.
- Site conditions must be personally checked by permit user and issuer (Permit Initiating Department / Production Department).
- Before starting the job, the Permit Issuer should review the impact of the activity on any other activities in the vicinity and vice versa
- The Contractor / Supervisor should ensure that all employees deployed on the job are physically and mentally fit to carry out the job & the workers engaged in height work do not have risk from vertigo.
- The Supervisor should ensure that the person carrying out the job fully understands the job and necessary precautions to be taken during work.
- This original copy of permit should be displayed at site while carrying out the job, duplicate copy should be submitted to Security and original copy should be returned to the safety department after completion of job.
- This permit is valid for the prescribed period only and should be renewed every day with concurrence of the respective officers.
- In case of emergency the permit should be cancelled forthwith & reissued after the emergency is over & the area is declared safe.
- To be issued for any work at height more than 3 Meters.
- Scaffold must be built on firm support.
- Use 'Permit to Work on Scaffold' while erecting & working on scaffold.

Department/Area : \_\_\_\_\_ Equipment No. : \_\_\_\_\_

Details of work : \_\_\_\_\_

Name of the Contract Party: \_\_\_\_\_

Date of Permit Issue : \_\_\_\_\_

Time of Permit Issue : \_\_\_\_\_ Hrs. To : \_\_\_\_\_ Hrs.

**CHECKLIST :** \_\_\_\_\_

	Done	Not Applicable	Sign
01. Please mention approximate height from the floor. _____ meter(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
02. Safety Belt worn by the person with proper anchorage.	<input type="checkbox"/>	<input type="checkbox"/>	_____
03. Safety Belt(s) being used for the activity checked for its condition.	<input type="checkbox"/>	<input type="checkbox"/>	_____
04. Have the person carrying out the activity been provided with proper Personal Hand Protective Equipments – (Helmet / Safety Shoes / Safety Goggle / Face Shield / Gloves / Mask / Ear Muff)	<input type="checkbox"/>	<input type="checkbox"/>	_____
05. Ensure that scaffolding is mechanically strong.	<input type="checkbox"/>	<input type="checkbox"/>	_____
06. Use safety ladder. (Ladder to be extended by one meter beyond the place of work).	<input type="checkbox"/>	<input type="checkbox"/>	_____
07. Ensure that harmful gases are not expelled out from exhaust / ducting near the Place of work.	<input type="checkbox"/>	<input type="checkbox"/>	_____
08. Is the area exactly below the work cordoned off with "Work in Progress" tape?	<input type="checkbox"/>	<input type="checkbox"/>	_____
09. Has all the hazardous material been removed from the area / equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Is the activity involves working on Fragile Roof? Are crawling boards used? Are the workers trained to use crawling board?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Any other instruction. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us. I/We shall abide and implement these while working.	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Please give the reference of any other permit used. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name of persons working at height : \_\_\_\_\_  
Name of standby person / Supervisor : \_\_\_\_\_

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	VYSHNAVI	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	T. CHINNAPPAN	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KV	29/10/20

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 <b>RATHNA BIOLIFE</b>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	6	SOP No.	SOP/SA/001
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<b>WORK FOR WORKING AT HEIGHT</b>					

Name & Sign Permit Issuer : _____	Name & Sign of User: _____
Date : _____	Time : _____
Name & Sign of safety officer : _____	Name & Sign of Plant Head : _____
Date : _____	Time : _____

### **VALIDATION OF PERMIT**

In case of Extension of the Job:

Date	From Time	To Time	Name & Sign Permit User	Name & Sign Permit Issuer	Name & Sign Authorised Person	Name & Sign of Safety Officer	Name & Sign of Security Officer	Remarks

#### **Close out of permit**

Close out Checks (In case the answer is NO give proper justification and course of action in column any other remarks)				Signature of Shift Officer	
	Done	NA	NO	User Department	Issuer Department
1. Job Completed					
2. Electrical Power Restored				Any other remarks, if any:	
3. Utility Services Restored					
4. Fire Alarm System Restored					
5. Other relevant Permit closed					
6. Area/Equipment Cleared					
7. Tools and tackles removed from site					
8. Area Isolation Removed					
9. Area/Equipment Handed over to user Department					

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	Vyshnavi	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	D. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	JVR	29/10/20

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 <b>RATHNA BIOLIFE</b> <small>BIOMEDICALS</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	<b>Annexure No.</b>	7	<b>SOP No.</b>	<b>SOP/SA/001</b>
		<b>Version No.</b>	01	<b>Valid since</b>	02.11.20
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### WORK PERMIT FOR EQUIPMENT SHIFTING

**Permit No.-** \_\_\_\_\_

**Note:**

1. It is the responsibility of permit user (Company Engineer & Contractor Supervisor) to follow the safety precautions mentioned in this permit.
2. Site conditions must be personally checked by permit user and issuer (Permit Initiating Department / Production Department).
3. Before starting the job, the Permit Issuer should review the impact of the activity on any other activities in the vicinity and vice versa
4. The Contractor / Supervisor should ensure that all employees deployed on the job are physically and mentally fit to carry out the job.
5. The Supervisor should ensure that the person carrying out the job fully understands the job and necessary precautions to be taken during work.
6. This original copy of permit should be displayed at site while carrying out the job, duplicate copy should be submitted to Security and original copy should be returned to the safety department after completion of job.
7. This permit is valid for the prescribed period only and should be renewed everyday with concurrence of the respective officers.
8. In case of emergency, the permit should be cancelled forthwith and reissued after the emergency is over and the area is declared safe.

**Department/Area** : \_\_\_\_\_ **Equipment No.** : \_\_\_\_\_  
**Details of work** : \_\_\_\_\_ **Name of the Contract Party** : \_\_\_\_\_  
**Date of Permit Issue** : \_\_\_\_\_ **Time of Permit Issue** : \_\_\_\_\_ Hrs. **To :** \_\_\_\_\_ Hrs.

<b>CHECKLIST</b> :	<b>Done</b>	<b>Not Applicable</b>	<b>sign</b>
01. Approximate Weight of Equipment _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
02. Crane/Hydra Safe working load: - _____ test certification validity: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
03. Crane/Hydra Operator License Validity _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
04. Chain Pulley Block /Rope Safe working load: - _____ test certification validity: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
05. Check the capacity/strength of structure where chain pulley block to be fitted. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
06. Are the people involved in lifting / shifting of heavy material trained in Manual Handling Activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
07. The portable tools used for Equipment shifting are in safe conditions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
08. Has the pressure of the equipment brought down to atmospheric level?	<input type="checkbox"/>	<input type="checkbox"/>	_____
09. Has the temperature of the equipment/area brought to ambient level?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Has all the hazardous material been removed from the area / equipment/ connected pipelines?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Has the equipment / area been electrically isolated and adequately segregated from the hazards in the vicinity? Fuses are handed over to _____ Sign _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Have the persons carrying out the activity been provided with proper Personal Protective Equipment - (Helmet / Safety Shoes / Protective Goggles / Face Shield / Gloves / Earmuff / Respirators) Any other mention - _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Is the area adequately isolated and caution boards displayed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Any other precautions to be taken _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. I/We accept the work and understood the Safety Instructions regarding the use of Safety Equipment given to me/us. I/We shall abide and implement these while working.	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Please give the reference number of any other permit issued. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Name of person carrying out job** : \_\_\_\_\_

**Name of standby person / Supervisor** : \_\_\_\_\_

<b>Approval status</b>	<b>Name</b>	<b>Designation</b>	<b>Sign</b>	<b>Date</b>
<b>Prepared by</b>	A. Vyshnavi	Chemist - QA	VyS2	28/10/20
<b>Reviewed by</b>	Mr. K. Chinnappa	Plant Head	T.Chinnip	29/10/20
<b>Approved by</b>	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

**Restricted circulation**

 <b>RATHNA BIOLIFE</b> <small>KOLAMASANAPALLE</small>	<b>RATHNA BIOLIFE PVT. LTD.</b> <b>KOLAMASANAPALLE.</b>	Annexure No.	7	SOP No.	SOP/SA/001
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### WORK PERMIT FOR EQUIPMENT SHIFTING

Name & Sign Permit Issuer : _____	Name & Sign of User: _____
Date : _____	Time : _____
Name & Sign of safety officer : _____	Name & Sign of Plant Head : _____
Date : _____	Time : _____

### VALIDATION OF PERMIT

In case of Extension of the Job:

Date	From Time	To Time	Name & Sign Permit User	Name & Sign Permit Issuer	Name & Sign Authorised Person	Name & Sign of Safety Officer	Name & Sign of Security Officer	Remarks

Close out of permit

<b>Close out Checks</b> (In case the answer is NO give proper justification and course of action in column any other remarks)				<b>Signature of Shift Officer</b>			
				<b>User Department</b>	<b>Issuer Department</b>		
1. Job Completed				Done	NA	NO	<b>Any other remarks, if any:</b>
2. Electrical Power Restored							
3. Utility Services Restored							
4. Fire Alarm System Restored							
5. Other relevant Permit closed							
6. Area/Equipment Cleared							
7. Tools and tackles removed from site							
8. Area Isolation Removed							
9. Area/Equipment Handed over to user Department							

Approval status	Name	Designation	Sign	Date
Prepared by	A. Vyshnavi	Chemist - QA	Vyshnavi	28/10/20
Reviewed by	Mr. K. Chinnappa	Plant Head	R. Chinnappa	29/10/20
Approved by	E. Viswanath Reddy	Assistant Manager-QA	KVR	29/10/20

Restricted circulation