

NTPL CHECKLIST

| Checklist for Material Handling (To be implemented before the start of unit overhaul) | | |
|---|---|------------------------|
| Unit Name: | | Equipment Name: |
| Make No: | | SI No: |
| Date of checking: | | |
| Sl. No. | Description | Remarks |
| 1 | Checking the load test certificate of the Material Handling Equipment like Crane, Hydra, Hoist, Slings etc. | |
| 2 | Operation of auxiliary hoist, main hoist, cross travel & longitudinal travel. | |
| 3 | Checking the operation of brake drum and thrusters. | |
| 4 | Checking the tightness of clamping bolts of main hoist drum and Auxiliary hoist drum. | |
| 5 | Checking the rails of longitudinal travel and cross travel. | |
| 6 | Checking of wear/damages to wheels & flanges of longitudinal travel and cross travel. | |
| 7 | Check for wear of hook block & its safety latch. | |
| 8 | Check for play, damage and smooth rotation of hook block & transmission pulleys. | |
| 9 | Check functioning of motors for lifting, longitudinal travel & cross travel. | |
| 10 | Check for wear and damage to the rope drum and rope guide. | |
| 11 | Check for general appearance of wire ropes | |
| 12 | Check correct functioning of brakes and braking distances of lifting, longitudinal travel & cross travel. | |
| 13 | Functional checks of electrical push buttons and switches. | |
| 14 | Functional checks for limit switches. | |
| 15 | Check for general cleanliness & lubrication of rope, hook, gear boxes etc. | |
| 16 | Check for oil leakages. | |
| 17 | Ensure the weight of material to be handled is within the Safe Working Load Limit (SWL) of the Equipment. | |
| 18 | Area below the material to be lifted to be cordoned off. Nobody should be allowed below the lifted load. | |
| 19 | The workers engaged for the work are to be given with pep talk for safety regarding Material Handling. | |
| 20 | Any other relevant aspect | |

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 Signature with Name of Engineer / Supervisor
 (Contractor / Agency)

 Signature with Name of Engineer
 (NTPL / NLC)

CHECKLIST FOR WORKING AT HEIGHT

The following points should be checked and complied with before start of Work at height.

Please put tick (✓) mark in the appropriate box

| Unit Name & Location of work: | | Date: | |
|-------------------------------|--|-------|--------------------------|
| Sl. No. | POINTS TO BE CHECKED | DONE | Not Reqd. (with Remarks) |
| 1 | Work area below is temporarily cordoned / barricaded. | | |
| 2 | Openings in Walkways and platforms (if any) are properly barricaded. | | |
| 3 | The scaffold erected has iron pipes and clamps in good condition. | | |
| 4 | Diagonal/lateral bracings pipes are provided to ensure stability | | |
| 5 | Planks / sheets as temporary platform are tied properly using binding wires | | |
| 6 | Metallic Planks / sheets used in temporary platforms are in good condition | | |
| 7 | Temporary platforms are having side railing and toe guards. | | |
| 8 | Working platforms and walkways are free from oily and greasy surface. | | |
| 9 | Access ladder is provided to reach the work location. | | |
| 10 | Wooden bellies and wooden planks are not used as scaffold | | |
| 11 | The slings / pulley blocks / ropes being used are tested for fitness and certificates are available. | | |
| 12 | Portable electrical equipments are checked for healthiness including earthing / fibre body | | |
| 13 | Proper illumination available at work location. | | |
| 14 | Workers are wearing Helmet, Shoe, Safety belt | | |
| 15 | For anchoring of Safety Belt at height, rigid support / life line is provided. | | |
| 16 | Fall arresters are provided to workers working at height in good condition. | | |
| 17 | Safety nets are provided below the work location. | | |
| 18 | Workers having height experience with physical fitness are only engaged for work at height. | | |
| 19 | Workers are briefed on Safety Precautions to be taken (Do's/ Don'ts) | | |
| 20 | Lone workers are not allowed at height, at uneven, narrow and confined space. Extra care is taken in such cases. | | |
| 21 | Supervisory staff of Contractor / Agency is available during the work. | | |
| 22 | Safety Training imparted to workers for working at height | | |

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CHECKLIST FOR WORKING INSIDE CONFINED SPACE

The following points should be complied with before start of Work / Repair inside confined space.
Please put tick (✓) mark in the appropriate box

Unit Name & Location of work:**Date:**

| Sl No. | Points to be checked | Done | Not Reqd., (with Remarks) |
|--------|--|------|------------------------------|
| 1 | The valves on inlet pipes to tank / vessel are in closed condition | | |
| 2 | The closed valves on inlet pipes are locked | | |
| 3 | Manholes in tank/vessel are in open condition and are cordoned | | |
| 4 | Oxygen content is checked for the space inside tank/vessel and oxygen content is more than the minimum specified (20%) | | |
| 5 | The space inside tank / vessel is free from toxic / poisonous gases | | |
| 6 | Forced Ventilation arrangements for Air Circulation inside Tank / vessel has been provided | | |
| 7 | For height works inside confined space <ul style="list-style-type: none"> ▪Diagonal / lateral bracings are provided to pipe scaffold to ensure stability ▪Access ladder is provided to reach the work location ▪Planks/ sheet used in temporary platform are in good condition and are tied properly using wires | | |
| 8 | Workers are wearing Helmet/Shoe/Safety belt in good condition | | |
| 9 | Dust mask / respirator is provided to workers for protection against dust / fumes | | |
| 10 | Experienced workers are engaged for work | | |
| 11 | Portable electrical equipment / fibre body checked, for its healthiness including earthing | | |
| 12 | Workers are briefed on Safety Precautions to be taken (Dos / Don'ts) | | |
| 13 | 24 volts hand lamps provided for inside at work location | | |
| 14 | Supervisory staff of Contract / Agency is available | | |

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(Contractor / Agency)

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(NTPL / NLC)

SAFETY CHECK LIST

SECTION A

1. Name of the Division :
2. Name of the Work :
3. Location of the job with height :
4. Name of the contractor :
5. Details of Mechanical Equipments (Proposed to be Used)
with *Test Certificates, wherever applicable :
6. Details of Electrical Equipments (Proposed to be used)
with Test Certificates, wherever applicable :
7. Whether high Voltage lines / Cables are nearby : Yes / No / NA
8. Whether General Earthing is Provided for equipments (for specific earthing
procedure for individual Electrical equipments, refer section C.) : Yes / No / NA
9. Whether welding Equipment in use have been inspected and certified for safety : Yes / No / NA
10. Whether the following Safety appliances have been provided
(by contractor /Department)
 - a. Safety Helmet : Yes / No / NA
 - b. Safety Shoes : Yes / No / NA
 - c. Safety Belts : Yes / No / NA
 - d. Goggles : Yes / No / NA
 - e. Gloves (Rubber / Leather / asbestos etc) : Yes / No / NA
 - f. Ear Plugs : Yes / No / NA
 - g. Respirators : Yes / No / NA
 - h. Fire Suit : Yes / No / NA
 - i. Welding Helmets : Yes / No / NA
 - j. Face shield : Yes / No / NA
11. Whether the persons working in most hazardous area are covered under
valid insurance policy : Yes / No / NA

12. Whether the work is to be taken up / to be continued in the Night / Holiday : Yes / No / NA
13. Whether sufficient illumination is available in and around the work spot : Yes / No / NA
14. Whether safety instructions are specifically given to all workmen : Yes / No / NA
15. Whether hand lamps used are of only 24 volt : Yes / No

NOTE:-

The safety measures indicated in the above checklist shall be strictly adhered to till the completion of work.

1. Name & Signature of the Contractor / Contract Supervisor :
 2. Name & Signature of the site engineer in charge :
 3. Name & Signature of the Executive Engineer / ACM / CM :
 4. Name & Signature of the Safety Officer :
- (Required only in special cases)

MODEL FORMAT SAFETY PERMIT FOR WELDING / GAS CUTTING WORKS

Date : Time :

Name of the division :

Name of welder/cutter :

Department / Contract :

Name of contractor :

Location of work :

Precautions taken :

1. Whether all protective equipment's like goggles,
gloves, eye-shield are used : Yes No
2. Condition of the gas hose / welding cable checked : Yes No
3. Welding supply properly taken : Yes No
4. No gas leak in the cylinder ensured : Yes No
5. Wetting the surrounding area before starting the work : Yes No
6. Whether air analysis is taken : Yes No
7. Flame arrestor to be checked : Yes No

Signature of supervisor in charge

Name :

Designation: