

Sherwin-Williams , Performance Coatings Group Bangalore, India	Work Permit	Permit No:2074
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1. Validity From: 25/11/2017 09:59:06

Validity To: 25/11/2017 18:00:00

2. Exact Location: SD

3. Contractor's Name: amazon

Equipment Name: SF

4. Description:

SAA

5. Type of Work: Lotononelectrical CSEntry

6. Personal Protective Equipment:

<input type="checkbox"/> Helmet	<input type="checkbox"/> Splash Goggles	<input type="checkbox"/> Ear plugs / Muff	<input type="checkbox"/> Cotton hand gloves
<input type="checkbox"/> Nitrile hand gloves	<input type="checkbox"/> Heat resistant hand gloves	<input type="checkbox"/> Electrical Gloves	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Solvent Mask	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> Lifeline With Ratchet
<input type="checkbox"/> Gum Boot	<input type="checkbox"/> Shoes With Non Conductive Sole	<input type="checkbox"/> Respiratory Protection (Circle type) SCBA/Supplied Air/Air Purifying Cartridge Type	<input type="checkbox"/> Chemical Protective Clothing
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Rescue Equipment	<input type="checkbox"/> Tripod Hoist	<input type="checkbox"/> Wristlets
<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Fall Arrester	<input type="checkbox"/> Safety Belt	<input type="checkbox"/> Ladder Condition
<input type="checkbox"/> ESD/Regular	Others:		

7. Fire Watch: NotRequired

Type name if Required _____

8. Declaration:

I have noted the hazards associated with the work and I do accept to follow all the safety precautions told to be taken

I shall neither use any damaged tools & tackles nor tamper the same while carrying out the job.

I shall report all near-miss / incidents / accidents / unsafe acts & conditions, if any.

I shall stop the work immediately if it seems unsafe.

Permit Holder's Signature: AS

No of Person at site: 45

9. Approval:

Permit Issuer	Person seeking from non routine work	Monisha Rajendran
Adjacent Area Owner	Applicable if adjacent area owner is different from the permit issuer	N/A
Permit Approver	Person in the Approved List	moni rajen

10. Extension of Work Permit:

DateTime From:

DateTime To:

Permit Issuer	seeking for non-routine work – Area Owner/ Maintenance/ Projects	
Adjacent Area Owner	Applicable if adjacent area owner is different from the permit issuer	
Permit Approver	Person in the Approved List	

11. Work Permit Closure:

I certify that the site is clean and safe for operation

Permit Holder's Signature:

Accepted By Area Owner:

DateTime:

DateTime:

12. Contractor Rating:

Red/Yellow/Green/_____

Note: 1. This permit has to be displayed at the site of work.

2. On hearing emergency siren, stop work in safe condition and assemble at assembly point as per announcement.

3. Please return back the original copy of work permit form to EHS dept. after closure of the work permit.

4. Refer checklist for LOTO Electrical, Hot work, Excavation and Confined space entry in next page.

Sherwin-Williams	Confined Space Entry Permit - Checklist Check if Reclassified- Air monitoring and ventilation must be provided In Case of Emergency Call:						Permit No:2074			
Write-in Names,		1. (E/A/R)				5. (E/A/R)				
Circle Duties [E-Entrants]		2. (E/A/R)				6. (E/A/R)				
[A-Attendants, R-Rescue]		3. (E/A/R)				7. (E/A/R)				
Each person to initial next to their name		4. (E/A/R)				8. (E/A/R)				
Hazard Information (Place a check mark in box of all applicable items below)										
<input type="checkbox"/> Chemical Exposures .	<input type="checkbox"/> Noise	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hot Work							
<input type="checkbox"/> Flammable Vapors/Gases	<input type="checkbox"/> Slips, Trips, Falls	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Compressed Gases							
<input type="checkbox"/> Solvents/Cleaners	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Pneumatic								
	<input type="checkbox"/> Hydraulic									
Hazard Control Methods										
<input type="checkbox"/> Pre-Entry & Rescue Briefing .	<input type="checkbox"/> Ventilation ____# Air Changes/Hr	<input type="checkbox"/> Flush/Purge/Drain/Clean								
<input type="checkbox"/> Communication__ verbal __ radio	<input type="checkbox"/> Ground Fault Circuit Interrupter	<input type="checkbox"/> Isolate Piping (specify)								
<input type="checkbox"/> Lockout Procedures Initiated	<input type="checkbox"/> Non-sparking Tools	<input type="checkbox"/> Double Block/Bleed Pipe								
<input type="checkbox"/> Line Breaking Procedures Initiated	<input type="checkbox"/> Explosion Proof Lighting	<input type="checkbox"/> Blank/Blind Pipe								
<input type="checkbox"/> Hot Work Procedures Initiated	<input type="checkbox"/> MSDS/Chemical Info Available	<input type="checkbox"/> Disconnect								
<input type="checkbox"/> External Barricades/Barrier Tape	<input type="checkbox"/> Fire Extinguisher	Other:								
Air Monitoring Data (Data Entry Required @ 15 minute intervals) Instrument Serial #: _____										
Air Tester's Name (print):					Signature:					
Chemical	Action Levels	Time	Time	Time	Time	Time	Time	Time	Time	
Oxygen (20.8%)	O2<20.0%, O2>22.0%									
Flammability	>5% of LEL (>0% Reclassified)									
Toxic	ppm									
Toxic	ppm									
Toxic	ppm									