

Sherwin Williams Bengaluru, INDIA	<h1 style="margin: 0;">WORK PERMIT</h1>	Permit Number: 514
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1. Validity From: 10/09/2020 11:00:56
 2. Exact Location: Hot work area/security back side
 3. Equipment / Area: Others
 4. Work done by: Contractor
 5. Contractor's Name: BASLICA ENGINEERING CONTR
 6. Description: sheet removing and parling removing on gas room
 7. **Type of Work: Hotwork, Working at Height or Fragile Roof,**
 8. **Personal Protective Equipment:**

Validity To: 10/09/2020 18:00:00

 Employee Name: N/A

<input checked="" type="checkbox"/>	Cotton hand gloves	<input type="checkbox"/>	Chemical protective clothing	<input type="checkbox"/>	Dust Mask	<input type="checkbox"/>	Ear plugs/Muff
<input type="checkbox"/>	Electrical hand gloves	<input type="checkbox"/>	ESD Shoe	<input type="checkbox"/>	Face shield	<input type="checkbox"/>	Fluorescent jacket
<input type="checkbox"/>	Full body harness	<input type="checkbox"/>	Heat resistant hand gloves	<input type="checkbox"/>	Gum Boot	<input checked="" type="checkbox"/>	Helmet with chin strip
<input type="checkbox"/>	Nitrile hand gloves	<input type="checkbox"/>	Respiratory Protection (Circle type) SCBA/ Supplied Air/ Air Purifying Cartridge Type:	<input type="checkbox"/>	Shoes with non conductive sole	<input type="checkbox"/>	Solvent Mask
<input type="checkbox"/>	Splash goggles	<input type="checkbox"/>	Wristband/Wristlets	<input type="checkbox"/>	Others (specify)		

9. Tools & Instruments to be used:

<input type="checkbox"/>	24V Lamps	<input type="checkbox"/>	Abrasive grinders	<input type="checkbox"/>	Abrasive saw	<input type="checkbox"/>	Battery Operated Tools
<input type="checkbox"/>	Combustible Gas Detector	<input type="checkbox"/>	Conductivity meter	<input type="checkbox"/>	Drill Equipment	<input type="checkbox"/>	Fall arrester
<input type="checkbox"/>	Lifeline with ratchet	<input type="checkbox"/>	Manhole barricade	<input type="checkbox"/>	Manhole hook	<input type="checkbox"/>	Non Sparking Tools
<input type="checkbox"/>	Open flame torch	<input checked="" type="checkbox"/>	Portable Ladder	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	Safety ropes
<input type="checkbox"/>	Sampling pot'	<input checked="" type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Spark Arrestor	<input type="checkbox"/>	Spill Kit
<input type="checkbox"/>	Tripod/Hoist	<input checked="" type="checkbox"/>	Welding Machine	<input type="checkbox"/>	FRP Ladder	<input type="checkbox"/>	Others (Specify)

10. **Fire Watch: Required** **Fire Watch Name: Ravi Gowda** **ravi**
 11. **RiskAssessment: NotRequired**

12. **Rescuer: Not Required**

13. **Declaration:**
 I have noted the hazards associated with the work and I do accept to follow all the safety precautions, which were communicated during Pre-Job Orientation. 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 to Sherwin-Williams management. I shall stop the work immediately, if it seems unsafe.

Permit Holder's Name: akib Signature & Date: _____
 Name of Person(s) at site: 4

14. Approval:

Permit Approval	Name	Signature	Date Time	Remarks
Permit Issuer	Ravi Gowda			
Permit Authorizer	Senthil Murugan			
Area Owner	Ravi Gowda			
Adjacent Area Owner	N/A			

15. **Extension of Work Permit: DateTime From:**

DateTime To:

Permit Extention	Name	Signature	Date Time	Remarks
Permit Issuer				
Permit Authorizer				
Area Owner				
Adjacent Area Owner				

- In case of emergency: Dial 21 or 22 from intercom (or) Dial 616 - 2860 from voip
 - This permit must be authorized and be posted near the area of working.
 - On hearing emergency siren, stop work in safe condition and assemble at assembly point as per announcement
 - Upon completion of job, return this permit to security

16. Contractor Safe Work plan:				
S.No	Check List	YES	No	NA
16.a)SCOPE OF HAZARDS				
1	Ergonomics:force,posture,repitition.Manual handling can it be avoided with Mechanical aid?			
2	Slip/trip/fall Hazards (Spills,housekeeping,ice etc.)			
3	High movement areas (Vehicles or people)			
4	Contact with a sharp edge,point, or blade?			
5	Loss of containment/Spill Risk			
6	Fire or explosion.Sparks,flammable vapors,fuels.(HotWork Permit Required?)			
7	Chemical management(contact with,exposure,hazard communication,labeling)			
8	Contact with machine energy,moving parts, or falling or flying objects?(LOTO/Alternate Procedure Required?)			
9	Contact with electricity.Is it isolated?(LOTO/Alternate Procedure/Electrical Permit Required?)			
10	Unsafe or restricted access/egress			
11	Significant risk of falling from heights(Elevated Work Permit Required?)			
12	Potential to be crushed			
13	Loud Noise			
14	Confined Space. (Confined Space Permit Required?)			
15	Other(Explain)			
16.b)PREVENTIVE CONTROLS				
1	Inspection of equipment/area			
2	Safety watch or fire watch			
3	Fire extinguishers/protection present			
4	Spill control/containment			
5	Air monitoring			
6	Work instructions created & followed			
7	Fall protection(give details):			
8	Adequate Illumination & Ventilation provided			
9	Housekeeping/Remove slip,trip,fall hazards			
10	Use of Lifting Aids(vacuum hoist,crane,powered industrial truck)			
11	Neutral body positioning			
12	Physical barriers/Guarding of equipment			
13	Worker communication			
14	Other Controls			

17. Contractor Signatures:					
S.No	Name	Signature	S.No	Name	Signature
1			6		
2			7		
3			8		
4			9		
5			10		
18. Contractor Rating:					
<input type="checkbox"/>	Red	<input type="checkbox"/>	Yellow	<input type="checkbox"/>	Green
Remarks (if Red and Yellow rating) :					

19. Permit Closure: I certify that the site is clean and safe for operation				
Permit Closure	Name	Signature	Date Time	Remarks
Permit Issuer	Ravi Gowda			
Permit Authorizer	Senthil Murugan			
Area Owner	Ravi Gowda			
Permit Holder	akib			

Sherwin Williams Bengaluru, INDIA	HOT WORK PERMIT	Permit Number: 514
Type of Hot Work (Select Suitably)		
<input type="checkbox"/> Open flame, park producing, heat generating work (slag producing activities) Example includes but not limited to welding cutting, brazing, grinding, drilling, open flame work, operation of un-rated tools, creation of friction – assessment must include all sources	<input type="checkbox"/> Low Voltage Equipment Using low voltage battery operated electronic equipment, mobile phone, digital camera, flash photography etc. Complete Sl.No. 1 – 4, and record periodical air monitoring(Fire Watch & Security Watch NOT REQUIRED)	

S.No	Check List	Yes/NA	Site Verification	Remarks
1	Is the calibration of air monitoring instrument current i.e., done within 30 days?(Write Equipment ID, type and calibration date in remarks column)			
2	Are the sensors of air monitoring instrument made zero in a clean atmosphere?			
3	Is the “bump” test of air monitoring instrument performed to ensure proper functioning prior to use?			
4	Is the flammable vapor checked with air monitoring instrument for % LEL and % Oxygen?			
5	Is the Hot work area clear of spills, drips, and releases?			
6	Are the combustible surfaces e.g., wooden floors, platforms, asphalt roofing etc. made wet with water?			
7	Are the floor openings, gratings, ceiling, walls etc. tightly covered with fire retardant materials?			
8	Are sewers, drains, etc. checked with air monitoring instrument, flushed and sealed?			
9	Are combustible dusts/liquids/materials (bags, wood, vegetation/mulch etc.) swept and cleaned (or) shielded from the Hot Work area with flame proof curtains to protect personnel from flash?			
10	Are the conditions of fire blankets/ flame retardant tarpaulins checked?			
11	Are sprinkler heads shielded for protection?			
12	Have the materials that can transmit or radiate heat to areas outside the work area been isolated or controlled?			
13	Are the access points marked, area demarcated, and signage provided?			
14	Are operations involving open flammable/ combustible handling at the adjacent area ceased?			
15	Are welding, cutting equipment (hoses, tight connections, valves/regulators, torches) wires/leads in good condition?			
16	Are all combustibles within 11-meter (35-feet) radius of the Hot Work activity removed or shielded from sparks, including ceilings, walls and other features. (Slag-Producing activities viz. welding, torch cutting, grinding, brazing, and soldering) . • Remove flammable liquids dust, lint combustible waste,oil deposits,etc.where possible • If removal/ cleaning is impractical, protect with fire retardant covers, shield with fire retardant guards and/or curtains			
17	Is the approved fire extinguisher(s) present at hot work area? (Write the type – ABC / DCP / CO2 / Foam / D - type / other and equipment ID in remarks box)			
18	Are equipment and lines isolated/ locked out?			
19	Is equipment cleaned/ free of chemicals/ vented?			
20	Is equipment verified as vapor-free with air monitoring instrument?			
21	Are Hot Work activities/ restrictions informed/ discussed with relevant personnel?			
22	Is Plant Manager's authorization granted if considered as slag producing activity? (Take his / her physical sign on remarks box)			

Fire Watch Details

Fire Watch Name :

Fire Watch Coverage(Time):

From	To	Sign
AM/PM	AM/PM	
AM/PM	AM/PM	
AM/PM	AM/PM	
AM/PM	AM/PM	

Security Watch Details

Security Watch Name :

Security Watch Coverage(Time)

From	To	Sign
AM/PM	AM/PM	
AM/PM	AM/PM	
AM/PM	AM/PM	

Notes/Special Instructions: Monitor Hot Work Area for 3 hours after job is completed..

Periodic Air Monitoring Recordings

Recorded By (Name):

[illegible]

Sherwin Williams Bengaluru, INDIA		Permit for working at height / fragile roof/ excavation checklist		Permit Number: 514	
S.No.	Check List	YES/ NA	Site Verification	Remarks	
1	Whether equipment/pipeline depressurized/ drained fully/ flushed with water				
2	Whether underground pipelines are isolated				
3	Whether underground cables are verified and de-energized				
4	Whether soil more than 1.2 m (4feet) deep is securely shored				
5	Whether the excavated materials are kept at least 0.61m (2 feet) away from the edge of the trench				
6	Whether atmosphere in the excavated pit is tested for Oxygen content before employees enter excavations greater than 1.22 m (4 feet) in depth. Oxygen content is.....%				
7	Whether permanent safe means of access to work at height is available				
8	Whether provisions of lifelines with fall arresting for both vertical and horizontal movement in the absence of fixed means of access are provided (Write PPE and equipment ID as applicable in Remarks)				
9	Whether appropriate anchor points are identified				
10	Whether equipment and fall protection systems are visually inspected and maintained in good conditions				
11	Whether respective areas are cordon off and cautionary notice displayed to prevent accidents as well as to communicate to all about the work				
12	Whether the working area is clear and safe from overhead electrical line				
13	Whether safety net is provided and properly tied				
14	Whether employees are trained on proper use of equipment, fall protection systems and agreed to follow 3-point contact during climbing up and reaching down				
15	Whether emergency communication method is established (Mention those available at site during the work and inform them) Site Incident Controller Emergency Coordinator				
16	Whether rescue method is established for fall from height and/or collapse of soil heaps and equipment available				
17	Whether a standby person has been designated to initiate a rescue plan in the event of a fall				
18	Whether lifting tools and tackles are inspected and certificates verified . Form 32 Valid upto: Crane Reg.No:				
19	Special Precautions, if any				

RESCUE PLAN	
In the event of a fall requiring rescue, the following internal/ external individual will respond to rescue the fallen individuals	
Rescuer Name:.....	Rescuer Signature:.....
Rescue Method:.....	
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