

Validity To: 08/09/2018 18:00:00

Equipment/Area: diesel generator

chngxgyadgvahzdfshgvdmsfhfsgdvsauvcnasddddddddddddddddddnjl,ahhhhhhhhhhhhhhhhhhhhhhhhhhhhhrrwjcZxxx  
xxxxxxxxvvvvvvvvvvvvvvvfhdsaaaaavdbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbbaahffffffffffff

<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 checked="" 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: chgxgyadgvahzdfshgvdmsfhsgdfvsauvcnasddddddddddddddddnnjl,ahhhhhhhhhh hhhhhhhhhhhhhhhhhhhhrrwivcz				

Type name if Required

[illegible]

Permit Issuer	Person seeking from non routine work	Ramesh R
Adjacent Area Owner	Applicable if adjacent area owner is different from the permit issuer	subha c
Permit Approver	Person in the Approved List	test monitpro

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	

DateTime:

4. Refer checklist for Electrical, Hot work, Excavation, Confined space entry, Height Fragile roof, Unloading Chemicals, Line Breaking, LOTO.

<b>Sherwin-Williams</b> Performance Coatings Group Bangalore, India		<b>Work Permit-Annexure</b>			<b>Permit No:5</b>	
<b>S.No</b>	<b>DESCRIPTION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>SIGN</b>	
<b>A.ISSUER/ USER CLEARANCE(plant supervisor)</b>						
1	All flammable & hazardous materials removed in working area					
2	Equipment has been isolated form process/process lines/utilities.					
3	Equipment cleaned & decontaminated as per cleaning procedure.					
4	Work permit clearance area cordoned off & barricading ensured.					
5	As a safety precaution ensure spill kit/ emergency safety gadgets.					
6	Valid Form 32 :Validity: Crane Reg No:					
7	Height of lifting & lowering materials for a height of above 3 Meters					
8	Spark Arrestor Code No:					
9	Material movement routed checked for both manual/vehicular.					
10	Any other class of Work Permit, specify:					
11	Proper PPE has been selected.					
12	Work process Area barricaded.					

<b>Sherwin-Williams</b>		<b>Permit for working at height / fragile roof/ excavation checklist In Case of Emergency Call:</b>		<b>Permit No:5</b>	
<b>S.No.</b>	<b>JOB</b>	<b>YES/ NA</b>	<b>Site Verification</b>	<b>Remarks</b>	
1	Equipment/Pipeline Depressurized/Drained Fully/Flushed with Water				
2	Under ground pipelines isolated				
3	Under ground cables are verified and de-energized				
4	Soil more than 1.2 m (4feet) deep shall be securely shored				
5	Excavated material shall be kept at least 0.61m (2 feet) away from the edge of the trench.				
6	Atmospheres in the excavation shall be tested for Oxygen content before employees enter excavations greater than 1.22 m (4 feet) in depth. Oxygen content is.....%				
7	Checked the condition of the safety belt and anchoring of lifeline to rigid structure				
8	Checked provisions of lifelines with fall arresting for both vertical and horizontal movement in the absence of fixed means of access.				
9	Area barricaded / caution boards provided				
10	The work area is clear and safe from overhead electrical lines				
11	Ensured safety net is properly tied				
12	Checked Preventive action for collapse of soil heaps				
13	Organized pep talks				
14	Permanent safe means of access to work at height is available				
15	Special Precautions if any				

Sherwin-Williams	<b>Confined Space Entry Permit - Checklist</b>								Permit No:5	
Check if Reclassified- Air monitoring and ventilation must be provided In Case of Emergency Call:										
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)				
<b>Hazard Information (Place a check mark in box of all applicable items below)</b>										
<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"/>				
<input type="checkbox"/>		<input type="checkbox"/>	Hydraulic	<input type="checkbox"/>		<input type="checkbox"/>				
<b>Hazard Control Methods</b>										
<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	<input type="checkbox"/>	Other:					
<b>Air Monitoring Data (Data Entry Required @ 15 minute intervals) Instrument Serial #:</b> _____										
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									

