

Sherwin-Williams, Performance Coatings Group Bangalore, India	Work Permit	Permit No:2097
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1. Validity From: 27/11/2017 10:12:25

Validity To: 27/11/2017 18:00:00

2. Exact Location: d

3. Contractor's Name: amazon

Equipment Name: dsad

4. Description:

as

5. Type of Work: Excavation, LockOut TagOut,

6. Personal Protective Equipment:

<input checked="" 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 RiskAssessment: NotRequired

9. 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: hj1

10. Approval:

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

11. 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	

12. Work Permit Closure:

I certify that the site is clean and safe for operation

Permit Holder's Signature:

Accepted By Area Owner:

DateTime:

DateTime:

13. 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 Electrical, Hot work, Excavation, Confined space entry, Height Fragile roof, Unloading Chemicals, Line Breaking, Lockout

Tagout in next page.

Sherwin-Williams		Permit for working at height / fragile roof/ excavation checklist In Case of Emergency Call:		Permit No:2097	
S.No.	JOB	YES/ NA	Site Verification	Remarks	
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	LOCKOUT/TAGOUT PERMIT In Case of Emergency Call:		Permit No:2097
Instructions: this permit MUST BE SIGNED AND POSTED before any serving or maintenance of LOTO Required machine/equipment/process.			
Date:	Location:		
Machine/Equipment:	Purpose Of Task:		
Instructions:Complete Sequence of Lockout/Tagout Procedure below or attach written procedure and list document name/number	Written Procedure Document Name and Number:		
1.Notify and list affected employees that the machine / equipment must be shut down and locked out to perform the servicing or maintenance	Name		Name
	Name		Name
2.Identify the type and magnitude of the energy that the machine equipment utilizes and control the method	Type of Energy	Magnitude	ControlMethod
3.Shut machine equipment/down by the normal stopping procedure(stop button close value), if the machine or equipment is operating	Type of opertaing controls		Locations
4.Deactivate the energy isolating device so that the machine or equipment is isolated from the energy sources	Energy Isolating Devices		Locations
5.Identify Authorised Employees who lockout and tag	Name/Signature		Name/Signature
	Name/Signature		Name/Signature
6.Release stored or residual energy	Types of stored energy		Methods to dessipate or destrain
7.Check that no personnal are exposed			
8.Ensure that the machine equipment is disconnected from the energy sources	Methods of Verifying the isolation of the equipment		
9.The machine or equipment is now lockedout			
Permit Authorization:	Permit issuer's signature	Designated Employee Signature Date and Time	
If the Lockout Must be Removed For Testing Or Positioning			
1.Clear machine/equipment of nonessential items			
2.Check to make sure all employees are safely positioned away from the machine equipment			
3.Remove the Lockout Devices.Each Authorised person must only remove their ownlock			
4.Energise and proceed with testing and positioning			
5.De-Energise the machine by following steps through 1 through 9 above			
Written Procedure Document Name and Number			
Restoring machine to Equipment service			
When the servicing or maintenance is completed and the machine			
1.Remove the Lockout Devices.Each Authorised person must only remove their ownlock			
2.Energise and proceed with testing and positioning			
3.Deeergise the machine by following steps through 1 through 9 above			
4.Written Procedure Document Name and Number			
Permit Authorization:	Permit issuer's signature	Designated Employee Signature Date and Time	
Return the completed Permit to		Retain permits for 1 year	

