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|---|--------------------|--------------------|
| Sherwin-Williams, Performance Coatings Group Bangalore, India | Work Permit | Permit No:1 |
|---|--------------------|--------------------|

1. Validity From: 30/12/2018 16:25:50
Validity To: 30/12/2018 18:00:00

2. Exact Location: xcgvfc

3. Contractor's Name: RAKSHA BUILD TECH
Equipment/Area: Pipe line

4. Description:

zxcvv

5. Type of Work: Hotwork, 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: dfgbfgd | | |

7. Fire Watch: NotRequired Fire Watch Name: Not Applicable

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: TEST

No of Person at site: 23

10. Approval:

| | | |
|---------------------|---|-----------------------|
| Permit Issuer | Person seeking from non routine work | approver monitpro |
| Adjacent Area Owner | Applicable if adjacent area owner is different from the permit issuer | Kalaimani Govindswamy |
| Permit Approver | Person in the Approved List | Debmalya Dasgupta |

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,LOTO.

| | | | | | | |
|--|---|----------------------|----|-----|-------------|--|
| Sherwin-Williams Performance Coatings Group Bangalore, India | | Work Permit-Annexure | | | Permit No:1 | |
| S.No | DESCRIPTION | YES | NO | N/A | SIGN | |
| A.ISSUER/ USER CLEARANCE(plant supervisor) | | | | | | |
| 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. | | | | | |

[illegible]

| | | | | | |
|--|--|--|-----------|--|---------------|
| Sherwin-Williams | | LOCKOUT/TAGOUT PERMIT In Case of Emergency Call: | | Permit No:1 | |
| 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.De-Energise 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 | |