

Sherwin-Williams, Performance Coatings Group Bangalore, India	Work Permit	Permit No:1015
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- Validity From: 23/01/2019 16:40:37
- Exact Location: cghjg
- Contractor's Name: ARUN TECH PVT LTD
- Description:

Validity To: 23/01/2019 18:00:00

Equipment/Area: N/A

ccvbn

- Type of Work: UnloadingChemical, Confined Space Entry,others

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: fxgghj		

- Fire Watch: Required** Fire Watch Name: Kiran Kumar

- RiskAssessment: Required**

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: xcgvh

No of Person at site: 12

10. Approval:

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

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 (Contractor Safe Workplan)			Permit No:1015	
S.No	DESCRIPTION	YES	NO	N/A	SIGN	
14.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 (Vechicles 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 managment(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)					
15.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	Proper lighting					
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					
16.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.					

Sherwin-Williams		Confined Space Entry Permit - Checklist Check if Reclassified- Air monitoring and ventilation must be provided In Case of Emergency Call:						Permit No:1015			
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"/>		<input type="checkbox"/>	Hydraulic	<input type="checkbox"/>							
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										

Sherwin-Williams		Chemicals Unloading CheckList			Permit No:1015	
Note: Controlled Copies are the electronic read only version or hard copies if stamped "Controlled Copy" in red						
Name of the Material:		Date:				
VehicleNumber:		InTime				
Name of the Transporter:						
Name of the Driver:		OutTime				
Driver License Number:						
S.No	Checks to be carried out by Security Guard/ Supervisor	Yes	No	NA	Remarks	
1	Check Whether Driver is having matchbox or agarbatti/ Cigarette/ stove in the cabin and seize at the gate.					
2	Ensure that Alcohol test is conducted with the Driver.					
3	Is overall physical condition of the vehicle acceptable?					
4	Check the HAZCHEM code is applied on the tanker.					
5	Is reverse horn available on the vehicle?					
6	Is Emergency telephone number displayed on the tanker?					
7	Is there any leakage from the tanker bottom valve/ flange?					
8	Is Fire Extinguisher available in the tanker?					
9	Is Spark arrester fixed?					
10	Is wooden stopper or wheel choke available?					
11	Is First aid box available?					
12	Driver has been trained on emergency situations & knows about the material.					
13	Do's and Dont's inside the factory is explained to the driver					
14	Driver informed only to stay up to 6:00 p.m. if it is to be parked, then park near main gate.					
Mobile Tanker is Accepted/ Rejected						
Signature of the Security Guard/ Supervisor:						