

Sherwin-Williams, Performance Coatings Group Bangalore, India	Work Permit	Permit No:2
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1. Validity From: 19/05/2018 16:07:01
2. Exact Location: asd
3. Contractor's Name: amazon
4. Description:

aS

Validity To: 19/05/2018 18:00:00
Equipment Name: BUFFER TANK A

5. Type of Work: Non-Electrical,others

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 checked="" type="checkbox"/>	Nitrile hand gloves	<input type="checkbox"/>	Heat resistant hand gloves	<input type="checkbox"/>	Electrical Gloves	<input type="checkbox"/>	Dust Mask
<input checked="" 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: aAS
No of Person at site: 1+1

10. Approval:

Permit Issuer	Person seeking from non routine work	Monisha Rajendran
Adjacent Area Owner	Applicable if adjacent area owner is different from the permit issuer	ADMIN EXECUTIVE
Permit Approver	Person in the Approved List	moni rajen

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.