

Sherwin-Williams, Performance Coatings Group Bangalore, India	Work Permit	Permit No:5
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1. Validity From: 10/01/2019 17:04:13
Validity To: 10/01/2019 18:00:00

2. Exact Location: fxdg

3. Contractor's Name: Test
Equipment/Area: Vessel Washing Machine

4. Description:

dsfsf

5. Type of Work: Electrical, Excavation, Hotwork, UnloadingChemical, HeightFragileroof, Confined Space Entry, LockOut TagOut, LineBreaking,

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 checked="" type="checkbox"/> ESD/Regular	Others:		

7. Fire Watch: Required Fire Watch Name: Praveen S

- 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: dssff

No of Person at site: 23

10. Approval:

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

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:5	
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.					

[illegible]

Sherwin-Williams		Line Breaking Checklist In Case of Emergency Call:						Permit No:5		
INSTRUCTIONS: This Permit MUST BE SIGNED AND POSTED by each line before any Line-Breaking activity begins. Complete in conjunction with a LOTO Permit to control all energy sources(pumps,solenoids)										
Line Location:			Line Name:			Line ID#				
Authorized Person(S)										
List Task To Be Completed/Description of Work to be Performed:										
<input type="checkbox"/>	Inspection		<input type="checkbox"/>	Repair		<input type="checkbox"/>	Cleaning		<input type="checkbox"/> Other	
1.										
2.										
3.										
Hazard Information										
Last Material in the Line						Cleaning Material Used:				
MSDS Reviewed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		MSDS Reviewed	<input type="checkbox"/>	Yes	<input type="checkbox"/> No	
Material Characteristics:	<input type="checkbox"/>	Flammable/Combustible		<input type="checkbox"/>	Corrosive		<input type="checkbox"/>	Toxic		
Hazard Control Methods										
S.No	Checks to be carried out by Security Guard/ Supervisor				Yes	No	Site verification		Remarks	
1	Line has been Cleaned									
2	Line has been depressurized									
3	Line has been drained at all low points									
4	Line has been purged/flushed									
5	Line has been blinded/disconnected/double blocked and bled									
6	Confined Space Entry Permit Completed									
7	Lockout/Tagout Permit Completed									
8	Hot Work Permit Completed									
9	Affected employees & Area supervisor notified									
10	Barriers Placed to protect other employees									
11	Pipe/Line braced to prevent it from falling									
12	Assessment of Unexpected release conducted									
13	Spill Control materials readily available .									
14	Survey for ignition sources completed									
15	Ground and bonding equipment available.									
16										
Required Protective Equipment-indicated by checking and listing required equipment										
<input type="checkbox"/>	Work Gloves		List Catridge Type: _____				<input type="checkbox"/>	Non-Sparking Tools		
<input type="checkbox"/>	Work Coveralls		<input type="checkbox"/>	Full Face Respirator				<input type="checkbox"/>	Air monitoring Requirement	
				List Type _____				<input type="checkbox"/>	LEL/O2 Monitor	
<input type="checkbox"/>	Chemical Protective Gloves:		<input type="checkbox"/>	Chemical Protective Clothing:				<input type="checkbox"/>	Toxic Gas Monitor	
	List Type _____			List Type _____					List Type _____	
<input type="checkbox"/>	_____			List Type _____				<input type="checkbox"/>	List Type _____	
Notes / Any Problems must be Encountered Must Be Documented										

Sherwin-Williams		LOCKOUT/TAGOUT PERMIT In Case of Emergency Call:		Permit No:5	
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	

Sherwin-Williams		Confined Space Entry Permit - Checklist Check if Reclassified- Air monitoring and ventilation must be provided In Case of Emergency Call:						Permit No:5			
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								
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		Checklist for Electrical Installation		Permit No:5
S.No.	JOB	YES/NA	SiteVerification	Remarks
1	Isolation of power to the area by opening MCB (Miniature Circuit Breaker) Or ACB (Air Circuit Breaker) / SFU ensured			
2	VCB (vacuum circuit breaker), AB (air break switch) isolated.			
3	Concerned equipment fuses removed			
4	All possible back feeding supplies disconnected.			
5	Equipment disconnected electrically / mechanically.			
6	Equipment earthing ensured.			
7	Danger signs / cautionary tags / placards displayed.			
8	Suitable rubber mats provided.			
9	Capacitors discharged & disconnected.			
10	Suitable gloves issued.			
11	Adequate lighting and ventilation provided.			
12	Area people where power is going to be isolated are informed.			
13	Safety belts for working at heights on poles / structures provided.			
14	Suitable ladder / scaffolding provided for carrying the work at heights			
15	Area of the work barricaded to restrict the unauthorized personal entry.			
16	Specify safety recommendations, if any:.			
17	Others:.			

Sherwin-Williams		Permit for working at height / fragile roof/ excavation checklist In Case of Emergency Call:		Permit No:5	
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		Chemicals Unloading CheckList			Permit No:5	
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:						