



NUMALIGARH REFINERY LIMITED
(Numaligarh, Golaghat, Assam - 785699)
HOT WORK PERMIT - ROUTINE PERMIT(8 HOURS)

CONTACT NUMBERS : FIRECALL : 333/444 AMBULANCE CALL OHC / MEDICAL CENTRE : 222/3700

JOB DETAILS & PERMIT

PERMIT NO :
NRL-REF-PTWHWP-2223-00000004

PERMIT REQUEST NO :
NRL-REF-PTWREQ-2223-00000009

ISSUER DEPT/SECTION : Refinery Fire & Safety

RECEIVER DEPT/SECTION : Refinery Fire & Safety

1. PERMISSION GRANTED TO	:	ATR User
2. DESCRIPTION OF WORK (Nature of Work & Tools/Equipment to be used)	:	Test
3. LOCATION OF WORK & EQUIPMENT TAG NO.	:	-NA-
4. FIRE ZONE/AREA	:	Warehouse
5. NAME OF CONTRACTOR & CODE NO.	:	-NA-
6. VALID FROM	:	2022-05-23 00:00:00

THE FOLLOWING ITEMS SHALL BE CHECKED BEFORE ISSUING THE PERMIT

SI No.	THE FOLLOWING ITEMS SHALL BE CHECKED BEFORE ISSUING THE PERMITS(Pl. Put tick)[]mark in appropriate box	Done	Not Req.	SI No.	THE FOLLOWING ITEMS SHALL BE CHECKED BEFORE ISSUING THE PERMITS(Pl. Put tick)[]mark in appropriate box	Done	Not Req.
1.	Checking of <input type="checkbox"/> Equipment <input type="checkbox"/> Work Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17.	Equipment water flushed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Surrounding Area <input type="checkbox"/> Checked <input type="checkbox"/> Cleaned up of oil <input type="checkbox"/> Rags <input type="checkbox"/> Grass etc. removed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18.	Standby personnel provided for fire watch from <input type="checkbox"/> Process <input type="checkbox"/> Maintenance <input type="checkbox"/> Contractor <input type="checkbox"/> Fire & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Sewers manholes,CBD etc & hot surface nearby covered	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.	PoHRtable Equipment/nozzles properly Grounded	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Considered hazard from <input type="checkbox"/> Other routine <input type="checkbox"/> Non routine operations & concerned person alerted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20.	Standby personnel provided for Vessel entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Equipment electrically isolated and tagged vide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21.	Clearance obtained for road cutting from Tech/Fire/Concerned dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Fire Water hose/poHRtable extinguishers provided. <input type="checkbox"/> CO2 <input type="checkbox"/> DCP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22.	Incise of excavation,clearance shall be obtained from Area Civil & Excavation Engineer.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Equipment properly drained/depressurized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23.	Equipment <input type="checkbox"/> Blinded <input type="checkbox"/> Disconnected <input type="checkbox"/> Isolated <input type="checkbox"/> Wedge Opened <input type="checkbox"/> Closed	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8.	Checked for oil/gas trapped behind lining in equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24.	Oxygen/Acetylene cylinders kept outside the vessel/tanks.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fire Water hose/poHrtable extinguishers provided. <input type="checkbox"/> Earthing <input type="checkbox"/> Return connection to the equipment being weided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25.	Welding machine checked for safe location.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Equipment properly steamed/purged.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26.	Precaution against public traffic taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Shield against sparks provided.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27.	Proper ventilation and lighting provided.(24 volts)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.	Proper means of exit provided.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.	Precautionary tags/boards provided.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.	Iron Sulphide removed/kept wet.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29.	Area cordoned off.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14.	Gas Test <input type="checkbox"/> HC <input type="checkbox"/> O2 <input type="checkbox"/> H2S <input type="checkbox"/> CO <input type="checkbox"/> SO2 <input type="checkbox"/> Other,if any	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30.	Clearance for excavation from electrical/Concerned Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Clearance obtained for dyke wall cutting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31.	Checked flame/spark arrestor in mobile equipment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16.	Proper tags/boards provided.	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

THE FOLLOWING ITEMS SHALL BE CHECKED BEFORE ISSUING THE PERMIT

Sl No.	Special Permission Conditions	Done	No Req'd.
15.	Following personal protective equipments (PPEs) are to be used. <input type="checkbox"/> Safety helmet <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Safety shoes <input type="checkbox"/> Boiler suit <input type="checkbox"/> Fresh air mask <input type="checkbox"/> Canister mask <input type="checkbox"/> Lifeline <input type="checkbox"/> Fresh air mask <input type="checkbox"/> Airline <input type="checkbox"/> Breathing apparatus <input type="checkbox"/> Safety belt <input type="checkbox"/> Dosimeter <input type="checkbox"/> Film badges <input type="checkbox"/> Welding suit <input type="checkbox"/> Dust respirator <input type="checkbox"/> Face shield <input type="checkbox"/> Apron	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Precautions/instructions (if any)

Additional Precautions not given for this Permit
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Remarks (If Any)

Sr. No.	Authority	Person Name	Remark

PART A : CROSS REFERENCES OF OTHER WORK PERMIT

PERMIT	PERMIT NO
Issuer LOTO Key Number	

PART B : GAS TEST RESULT	
Gas Name	Value
Oxygen	20.1
LEL	0
CO	0
H2S	0
NH3	0
Additional Information	
Gas Test Done By	ATR User
Gas Test Done Date Time	2022-05-23 10:19:21
Location	,
Gas Detector Issued To	ATR User
Gas Detector Last Calibration Date	2022-03-24 00:00:00

Permit Approval Cycle:

	Name	Staff No	Sibnature
Permit Requester	ATR User	123456	ATR User (2022-05-23 10:19:05)
Permit Issuer	ATR User	123456	ATR User (2022-05-23 10:31:38)
Permit Receiver			
Permit Close Requester			
Permit Close Issuer			
Contractor's Supervisor			

SAP Notification

Notification Type	Remark
Without SAP Notification	Test

Work Order Information

Work Order Type	Remark
Without Work Order	Test

Gas Test Result & Renewal Of Work Permit

SHIFT	DAY	DATE	Gas Test Result			Ref No.	Sign	Ref No.	Sign	Renewal ID	Additional Precaution If Any
			%O2	%LEL	Toxic Gas (PPM)	Issuer		Receiver			
M	FIRST										
E											
N											
M	SECOND										
E											
N											
M	THIRD										
E											
N											
M	FOURTH										
E											
N											
M	FIFTH										
E											
N											
M	SIXTH										
E											
N											
M	SEVENTH										
E											
N											

M - Morning Shift E - Evening Shift N - Night Shift