



**Dalmia Cement (B) Ltd - Ariyalur**  
Permit No : #ME1



Department : MECHANICAL	Section : AFR	Start Date : 13-08-2024 08:36 HRS	End Date : 14-08-2024 10:36 HRS	Contractor: DYNAMIC ENGG	
A) To be filled by Permit Initiator :			Initiator Name & Signature : C.SARAVANAN 13-08-2024 08:36 HRS		
<input checked="" type="checkbox"/> Confined Space	<input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Excavation	<input checked="" type="checkbox"/> Execution & Dismantling	<input checked="" type="checkbox"/> General Work	<input checked="" type="checkbox"/> Hot Work
<input checked="" type="checkbox"/> LOTOTO	<input checked="" type="checkbox"/> Material Lowering & Lifting	<input checked="" type="checkbox"/> Scaffolding	<input checked="" type="checkbox"/> UT Pump	<input checked="" type="checkbox"/> Work At Height	
<input checked="" type="checkbox"/> SOP			<input checked="" type="checkbox"/> Work instructions clearly explained to the all the members in the working Group		
Work Description : 123			Location : 123		
Checkpoints for Permit Initiator			Sub Contractor:		No of Workers: 123
<input checked="" type="checkbox"/> WPRA to be filled before starting the job at site	<input checked="" type="checkbox"/> PPEs and Tools are provided as per job requirement		<input checked="" type="checkbox"/> UH approval to be taken for taking <b>hot work</b> in Prohibited area		<input checked="" type="checkbox"/> TH approval to be taken for taking <b>height work</b> in Prohibited area
B) Issuer: I have checked that all conditions are met to carry out the job safety.			Name of the Issuer: ADHAVAN.P		

**PRECAUTIONS TAKEN AND EQUIPMENT PROVIDED TO PROTECT PERSONNEL FROM ACCIDENT OR INJURY.**

**Mandatory measures to be taken for all type of works:**

<input checked="" type="checkbox"/> Required usages of PPEs (Safety Helmet, Safety Shoes)	<input checked="" type="checkbox"/> Enclose the list of persons carried out the job.	<input checked="" type="checkbox"/> Five Minutes Safety Talk conducted (record to be maintained)	<input checked="" type="checkbox"/> Equipment/work area inspected.
<input checked="" type="checkbox"/> Equipment electrically isolated. If YES, line clearance Permit No:	<input checked="" type="checkbox"/> Portable Fire Fighting system readiness.	<input checked="" type="checkbox"/> Tools & Tackles Checked	<input checked="" type="checkbox"/> The place of work is made accessible and proper aggress.
<input checked="" type="checkbox"/> Barricading and cordoning of the area.	<input checked="" type="checkbox"/> Loose dresses are to be avoided or tight properly while working near conveyors or rotating equipment's.		<input checked="" type="checkbox"/> Sufficient safe lighting facility provided.
<input checked="" type="checkbox"/> Deputed Skilled Supervisor		Additional Info(If any):	
<input checked="" type="checkbox"/> Safety shoes & Helmet, Eye protection <input checked="" type="checkbox"/> Leather Hand gloves <input checked="" type="checkbox"/> Leather Apron <input checked="" type="checkbox"/> Hand Sleeves <input checked="" type="checkbox"/> Leg Guard <input checked="" type="checkbox"/> Welding Goggles for Helper <input checked="" type="checkbox"/> Nose Mask			

**Work Completion**

<b>PA Work Cancellation</b> Work Cancellation, all persons are withdrawn and material removed from the area  <b>Performing Authority:</b>	<b>IA Work Cancellation</b> I have inspected the work area and declare the work for which the permit was issued has been properly.  <b>Issuing Authority:</b>
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