

## Dalmia Cement (B) Ltd - Ariyalur Permit No : #EI407



Department: Section: Start Date: End Date: Contractor: **ELECTRICAL & INST** PACKING PLANT 22-11-2024 14:04 HRS 23-11-2024 16:04 HRS **MEGAVOLT** Initiator Name & Signature: R.KARTHIKEYAN 22-11-2024 14:06 HRS A) To be filled by Permit Initiator: □ Confined Space ■ Electrical ■ Excavation ☑ General Work ■ Hot Work ■ Material Lowering & ☑ LOTOTO ■ Scaffolding ■ Work At Height **I** UT Pump Lifting **⊠** SOP Work instructions clearly explained to the all the members in the working Group Work Description: TEST Location: PP **Checkpoints for Permit Initiator Sub Contractor:** No of Workers: 2 ✓ WPRA to be filled before ■ UH approval to be taken for taking hot work in Prohibited TH approval to be taken for taking ☑ PPEs and Tools are provided as per job requirement starting the job at site height work in Prohibited area area B) Issuer: I have checked that all conditions are met to carry out the job safety. Name of the Issuer: REGHURAM VS Sign:22-11-2024 14:06 HRS C) To be filled by Permit Initiator and checked by issuer D) To be filled by authorized isolator who is carrying out isolations Eq. Tag No **Isolation Type** PA LOCK & TAG No LOCK No Isolator Name & Sign Date Sign Date AIRSLIDE FAN **ELECTRICAL ENERGY** 52 V.KALAYARASAN 22-11-2024 14:06 HRS 42 & 34 E) To be filled & ensure by issuer I have ensure that all isolation mentioned in clause no C&D are completed clearance is given to start the Are all required equipments identified and stopped? iob Are precedings & followings equipment also stopped? Name of the Issuer: REGHURAM VS ☑ Is try out done as per LOTO matrix from CCR? Are all equipments emptied out/material removed? Date & Time: 22-11-2024 14:07HRS F) To be filled & ensured by Initiator Are all required equipments identified G) I am briefed & understood all potential hazard involved in that activity

H)Renewal of Permit to Work

Name & sign of Initiator: R.KARTHIKEYAN Date&Time: 22-11-2024 14:09HRS

and stopped?

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From Date	To Date	Initiator	Issuer	No.of Persons	Co-permitte	Reference Code

Name & sign of Co-permittee : Date&Time :

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



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Mandatory measures to be taken for all type of works:

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☑ Required usages of PPEs (Safety Helmet, Safety	· · · · · · · · · · · · · · · · · · ·	Five Minutes Safety Talk conducted	☑ Equipment/work area inspected.				
Shoes)	the job.	(record to be maintained)					
	✓ Portable Fire Fighting system readiness.	✓ Tools & Tackles Checked	☑ The place of work is made accessible and				
Permit No:			proper aggress.				
☑ Barricading and cordoning of the area. ☑ Loose dresses are to be avoided or tight rotating equipment's.		properly while working near conveyors or	Sufficient safe lighting facility provided.				
☑ Deputed Skilled Supervisor		Additional Info(If any):					
☑ Safety shoes & Helmet, Eye protection ☑ Leather Hand gloves ☑ Leather Apron ☑ Hand Gloves ☑ Leg Guard ☑ Welding Goggles for Helper ☑ Nose Mask							

I)Closure of permit to work(1st copy of Permit must be routed during permit closure)

1 The job is completed, all men & material removed from site.	Permit Initiator Name & Sign
Safe to remove isolations as stated clause-A&C.	Termit initiator Name & Oign
	Date:
2 Please remove isolations as stated clause-A&C.	Issuer Name & Sign
	Date:
3 I have removed all isolation as listed clause-A&C and	Isolator Name & Sign
all isolations as per clause-A&C are restored. Equipment ready to start.	
	Date:

## **Work Completion**

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