



Dalmia Cement (B) Ltd - Ariyalur
Permit No : #EI399



Department : ELECTRICAL & INST	Section : AFR	Start Date : 29-10-2024 06:50 HRS	End Date : 30-10-2024 08:50 HRS	Contractor: ARAVINTH CONSTRUCTION		
A) To be filled by Permit Initiator :			Initiator Name & Signature : A.IQBAL 29-10-2024 06:51 HRS			
<input checked="" type="checkbox"/> Confined Space	<input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Erection & Dismantling	<input checked="" type="checkbox"/> Excavation	<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 : PERMIT TEST			Location : PERMIT TEST			
Checkpoints for Permit Initiator			Sub Contractor:		No of Workers: 3	
<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 hot work in Prohibited area		<input checked="" type="checkbox"/> TH approval to be taken for taking height work in Prohibited area	
B) Issuer: I have checked that all conditions are met to carry out the job safety.			Name of the Issuer: A.MURUGAN Sign: 29-10-2024 07:00 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	
21N-AF1	ELECTRICAL ENERGY	3 & 4	333	A.MURUGAN	29-10-2024 07:00 HRS	
E) To be filled & ensure by issuer						
<input checked="" type="checkbox"/> Are all required equipments identified and stopped?			I have ensure that all isolation mentioned in clause no C&D are completed clearance is given to start the job Name of the Issuer : A.MURUGAN Date & Time: 29-10-2024 07:01HRS			
<input checked="" type="checkbox"/> Are precedings & followings equipment also stopped?						
<input checked="" type="checkbox"/> Is try out done as per LOTO matrix from CCR?						
<input checked="" type="checkbox"/> Are all equipments emptied out/material removed?						
F) To be filled & ensured by Initiator <input checked="" type="checkbox"/> Are all required equipments identified and stopped? Name & sign of Initiator: A.IQBAL Date&Time : 29-10-2024 07:24HRS			G) I am briefed & understood all potential hazard involved in that activity Name & sign of Co-permittee : Date&Time :			
H)Renewal of Permit to Work						
From Date	To Date	Initiator	Issuer	No.of Persons	Co-permitte	Reference Code

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:

<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 access.
<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 Gloves <input checked="" type="checkbox"/> Leg Guard <input checked="" type="checkbox"/> Welding Goggles for Helper <input checked="" type="checkbox"/> 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. Safe to remove isolations as stated clause-A&C.	Permit Initiator Name & Sign 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 all isolations as per clause-A&C are restored. Equipment ready to start.	Isolator Name & Sign Date:

Work Completion

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