



**Dalmia Cement (B) Ltd - Ariyalur**  
Permit No : #EI3



<b>Department :</b> ELECTRICAL & INST	<b>Section :</b> AFR	<b>Start Date :</b> 11-12-2024 10:06 HRS	<b>End Date :</b> 12-12-2024 12:06 HRS	<b>Contractor:</b> AS ENGG		
<b>A) To be filled by Permit Initiator :</b>			<b>Initiator Name &amp; Signature :</b> A.IQBAL 11-12-2024 10:13 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			
<b>Work Description :</b> TESTER			<b>Location :</b> TESTER			
<b>Checkpoints for Permit Initiator</b>			<b>Sub Contractor:</b>		<b>No of Workers:</b> 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 <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>B) Issuer:</b> I have checked that all conditions are met to carry out the job safety.			<b>Name of the Issuer:</b> A.MURUGAN			
<b>C) To be filled by Permit Initiator and checked by issuer</b>			<b>D) To be filled by authorized isolator who is carrying out isolations</b>			
<b>Eq. Tag No</b>	<b>Isolation Type</b>	<b>PA LOCK &amp; TAG No</b>	<b>LOCK No</b>	<b>Isolator Name &amp; Sign Date</b>	<b>Sign Date</b>	
APRON FEEDER MAIN DRIVE	ELECTRICAL ENERGY	123 & 321		VENKATESAN M	HRS	
WOBBLER MAIN DRIVE	ELECTRICAL ENERGY	123 & 321		VENKATESAN M	HRS	
OTH NAME	ELECTRICAL ENERGY	3333 & 33		VENKATESAN M	HRS	
<b>E) To be filled &amp; ensure by issuer</b>						
<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 <b>Name of the Issuer : A.MURUGAN</b>  <b>Date &amp; Time:</b> HRS			
<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?						
<b>F) To be filled &amp; ensured by Initiator</b> <input checked="" type="checkbox"/> Are all required equipments identified and stopped? <b>Name &amp; sign of Initiator: Date&amp;Time :</b>			<b>G) I am briefed &amp; understood all potential hazard involved in that activity</b> <b>Name &amp; sign of Co-permittee : Date&amp;Time :</b>			
<b>H)Renewal of Permit to Work</b>						
From Date	To Date	Initiator	Issuer	No.of Persons	Co-permitte	Reference Code



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**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 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.	<b>Permit Initiator Name &amp; Sign</b> <b>Date:</b>
2 Please remove isolations as stated clause-A&C.	<b>Issuer Name &amp; Sign</b> <b>Date:</b>
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.	<b>Isolator Name &amp; Sign</b> <b>Date:</b>

**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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