



FORMAT NO. : HSE-5 REV 0
MONTHLY HEALTH, SAFETY & ENVIRONMENTAL (HSE) REPORT
(To be submitted by each Contractor)

Actual work start Date: _____ For the Month of: _____

Project: _____ Report No: _____

Name of the Contractor: _____ Status as on: _____

Name of Work: _____ Job No : _____

(Contractor in consultation with EIL shall generate the reports through web based package (www3.eil.co.in/eilhse)only.

ITEM	UPTO PREVIOUS MONTH	THIS MONTH	CUMULATIVE
1) Average number of Staff & Workmen (average daily headcount, not man days)			
2) Total Man-hours worked			
3) Number of site personnel undergone HSE Induction			
4) Number of HSE meetings organized at site			
5) Number of HSE awareness programmes conducted at site			
6) Number of Tool Box Talks conducted			
7) Number of Loss Time Injuries (LTI)	Fatalities		
	Other LTI		
8) Number of Non disabling injury (Non-LTI)			
9) Number of First Aid Cases			
10) Number of Near Miss Incidents			
11) Number of Dangerous Occurrences			
12) No. of unsafe acts/ practices detected			
13) No. of disciplinary actions taken against staff/ workmen			
14) Man-days lost due to injury			
15) LTI Free man-hours i.e. LTI free man-hours counted from the Last LTI (enter date:)			
16) Frequency Rate (No. of reportable LTI per 10lacs man-hours worked)			
17) Severity Rate (No. of man days lost due to LTI per 10lacs man-hours worked)			
18) No. of activities for which HIRAC Completed			
19) No. of incentives/ awards given			
20) No. of occasions on which penalty imposed by EIL/ Owner			
21) No. of Audits conducted			
22) No. of pending NCs in above Audits			
23) Compensation cases raised with Insurance			
24) Compensation cases resolved and paid to workmen			
25) No of Vehicular Accident cases			
26) No of fire/Explosion cases			
27) Whether workmen compensation policy taken		Yes	No
28) Whether workmen compensation policy is valid		Yes	No
29) Whether workmen registered under ESI Act, as applicable		Yes	No
30) Whether HIRAC Register prepared and updated		Yes	No
31) Whether Environment Aspect Impact Register prepared and updated		Yes	No
32) Whether Legal Register prepared and updated		Yes	No
Remarks, if any			

Date:

Prepared by Safety Officer Approved by Site Head / Resident Construction Manager
(Signature and Name)(Signature and Name)

To: -
- RCM EIL

FORMAT NO. : HSE-6 REV 1

PERMIT FOR WORKING AT HEIGHTS (ABOVE 2.0 METER)

(In duplicate to be issued daily for site and for office)

Permit No..... Name of Main Contractor.....
Name of work executing agency / sub agency / vendor:.....
Date..... Exact Location of work.....
Nature of workDuration of work (from) (to)
Number of workers covered within this permit.....
(List enclosed with name & gate pass numbers.)

Sl. No.	Items / Subjects	Status of compliance (Yes / No)
1	Work areas / Equipment's inspected	
2	Work area cordoned off	
3	Adequate lighting is provided	
4	Precautions against public traffic taken	
5	Concerned persons in & around have been alerted & cautioned	
6	Hazards / risks involved in routine / non-routine task assessed and control measures have been implemented at specific task	
7	ELCB provided for electrical connection & found working	
8	Ladder safely attached / fixed	
9	Scaffoldings are checked and TAGs are found used correctly	
10	Working platforms are provided and are found sound /safe for use	
11	Safe access & egress arrangements (e.g. ladders, fall arresters, life-lines etc.) are satisfactorily incorporated	
12	a. Openings on platform / floors are effectively cordoned / covered	
	b. Safety Nets are provided wherever required	
13	Use of following safety gadgets by people working at area under this permit, is checked and found satisfactory - Safety helmet Safety harness (full body) with double lanyard Safety Shoes Safety gloves Safety goggles	
14	Housekeeping of work area found satisfactorily tidy / clean & clear	
15	Adequate measures have been taken for works being continued at the ground level, when simultaneous works are permitted overhead at that very location.	
16	Materials are not thrown from heights on to ground	
17	Medical examination of workers are made & found satisfactory	
18	Responsible job engineer / supervisor found physically present at work spot for overall administration of work as well as safety of people.	

Above items have been checked & compliance has been found in place. Hence work is permitted to start / continue at the above-mentioned location. Work shall not start till identified lapses are rectified.

Additional Precautions, if any

Work Permit Receiver Verification By Work Permit issuer
Contractor Job Supervisor Contractor Safety Officer Contractor Engineer/RCM

AT THE END OF THE DAY/WORK:

All works at height are completed & workmen have returned safely from work location at (time)..... (date).....

(Sig. Contractor Engineer)

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CONFINED SPACE ENTRY PERMIT

Project site _____ Sr. No. _____
 Name of the work _____ Date _____
 Name of Contractor _____ Nature of work _____
 Exact location of work _____

Safety Requirements POSITIVE ISOLATION OF THE VESSEL IS MANDATORY								
(A) Has the equipment been ?								
Y NR				Y NR				Y NR
<input type="checkbox"/> <input type="checkbox"/>	Isolated from power/steam/air	<input type="checkbox"/> <input type="checkbox"/>	water flushed &/or steamed	<input type="checkbox"/> <input type="checkbox"/>	radiation sources removed	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	isolated from liquid or gases	<input type="checkbox"/> <input type="checkbox"/>	Man ways open & ventilated	<input type="checkbox"/> <input type="checkbox"/>	proper lighting provided	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	depressurized &/or drained	<input type="checkbox"/> <input type="checkbox"/>	cont. inert gas flow arranged	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	blanked/ blinded/ disconnected	<input type="checkbox"/> <input type="checkbox"/>	adequately cooled	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
(B) Expected Residual Hazards								
<input type="checkbox"/> <input type="checkbox"/>	lack of O ₂	<input type="checkbox"/> <input type="checkbox"/>	combustible gas/ liquid	<input type="checkbox"/> <input type="checkbox"/>	H ₂ S / toxic gases	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	corrosive chemicals	<input type="checkbox"/> <input type="checkbox"/>	pyrophoric iron / scales	<input type="checkbox"/> <input type="checkbox"/>	electricity / static	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	heat/ steam / frost	<input type="checkbox"/> <input type="checkbox"/>	high humidity	<input type="checkbox"/> <input type="checkbox"/>	ionizing radiation	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
(C) Protection Measures								
<input type="checkbox"/> <input type="checkbox"/>	gloves	<input type="checkbox"/> <input type="checkbox"/>	ear plug / muff	<input type="checkbox"/> <input type="checkbox"/>	goggles / face shield	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	protective clothing	<input type="checkbox"/> <input type="checkbox"/>	dust / gas / air line mask	<input type="checkbox"/> <input type="checkbox"/>	personal gas alarm	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	grounded air duct/blower /AC	<input type="checkbox"/> <input type="checkbox"/>	attendant with SCBA/air mask	<input type="checkbox"/> <input type="checkbox"/>	rescue equipment/team	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	Fire fighting arrangements	<input type="checkbox"/> <input type="checkbox"/>	safety harness & lifeline	<input type="checkbox"/> <input type="checkbox"/>	communication equipment	<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
Authorization / Renewal (It is safe to enter the confined space)								
	No. of persons allowed	Name of persons allowed	Signature			Time		Signature
			Work Permit Receiver(Contractor Supervisor)	Verification by Contractor Safety officer	Work permit issuer Contractor Engineer/RCM	From	To	Workman
Permit Closure :								
(A) Entry <input type="checkbox"/> was closed <input type="checkbox"/> stopped <input type="checkbox"/> will continue on ...								
(B) <input type="checkbox"/> Site left in a safe condition <input type="checkbox"/> Housekeeping done								
(C) Multi lock <input type="checkbox"/> removed <input type="checkbox"/> key transferred								
<input type="checkbox"/> Ensured all men have come out <input type="checkbox"/> Man-ways barricaded								
Remarks, if any:								

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RADIATION WORK PERMIT

Project : Sr. No. :
 Name of the work : Date :
 Name of site contractor : Job No.:

Location of work :

Source strength :

Cordoned distance (m) :

Name of Radiography agency : Approved by Owner/EIL

No. of workers engaged :
 (List enclosed with name & gate pass numbers.)

The following items have been checked & compliance shall be ensured during currency of the permit:

S. No.	Item description	Done
	Safety regulations as per BARC/AERB ensured while source in use/in transit & during storage	<input type="checkbox"/>
	Area cordoned off / safe working platform provided	<input type="checkbox"/>
	Lighting arrangements for working during nights ensured	<input type="checkbox"/>
	Warning signs/ flash lights installed	<input type="checkbox"/>
	Cold work permit taken (if applicable)	<input type="checkbox"/>
	PPEs like film badges, dosimeters used	<input type="checkbox"/>

Additional precautions, if any _____

(Radiography Agency's BARC/AERB authorized Supervisor)

Permission is granted.

Permit is valid from _____ AM/PM _____ Date to _____ AM/PM _____
 Date

(Signature of permit issuing authority-RCM of contractor)

Name : Designation: Date:

Permit renewal:

Permit extended up to		Additional precautions required, if any	Sign of issuing authority with date (of site contractor)
Date	Time		

Work completed/ stopped/ area cleared at _____ Hrs of Date _____

(Sign. of permit issuing authority)
 Name & Signature of site contractor:

FORMAT NO. : HSE-9 REV 1
DEMOLISHING/DISMANTLING WORK PERMIT

Project : Sr.No. :
Name of the work : Date :
Name of contractor : Job No. :

Name of sub-contractor : No. of workers to be engaged:
(List enclosed with name & gate pass numbers.)

Line No./ Equipment No./ Structure to be dismantled :

Location details of dismantling/ demolition with sketch : (clearly indicate the area)

The following items have been checked & compliance shall be ensured during currency of the permit:

S. No.	Item description	Done	Not Applicable
	Services like power, gas supply, water, etc. disconnected	<input type="checkbox"/>	<input type="checkbox"/>
	Dismantling/ Demolishing method reviewed & approved	<input type="checkbox"/>	<input type="checkbox"/>
	Usage of appropriate PPEs ensured	<input type="checkbox"/>	<input type="checkbox"/>
	Precautions taken for neighboring structures	<input type="checkbox"/>	<input type="checkbox"/>
	First-Aid arrangements made	<input type="checkbox"/>	<input type="checkbox"/>
	Fire fighting arrangements ensured	<input type="checkbox"/>	<input type="checkbox"/>
	Precautions taken for blasting	<input type="checkbox"/>	<input type="checkbox"/>

Work Permit Receiver
(Contractor's Supervisor/Engineer)

Verification by Contractor
(Contractor's Safety Officer)

Permission is granted.

(Work Permit issuer-Client)

Name :
Date :

Completion report:

Dismantling/ Demolishing is completed on _____ Date at _____ Hrs.

Materials/ debris transported to identified location Tagging completed (as applicable)

Services like power, gas supply, water, etc. restored

(Permit issuing authority-Client)

CONTRACTOR'S NAME

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DAILY SAFETY CHECKLIST

(To make use of before start of day's work)

Project : Sr.No. :
Name of the work : Date :
Name of contractor : Job No. :

Description of Job decided to perform : -

- Use of PPE / Safety Gadgets

Sl. No	PPEs	Compliance (Yes / No)	Sl. No	PPEs	Compliance (Yes / No)
1	Safety Helmets		6	Face Shield	
2	Safety Shoes		7	Full body harness	
3	Hand Gloves		8	Fall Arrest System	
4	Dust Musk		9	Safety net	
5	Safety Goggles		10	Horizontal life-line made of steel wire, (dia not less than 8.0 mm.)	

(Serial No. 1 & 2 are compulsory for everyone. Specify & ensure use of other safety gadgets as required for the job)

- Identify following important unsafe conditions: -

Sl. No	Conditions	Yes / No
1	Access to work site / emergency escape clear	
2	Soil / Loose earth kept away from excavated pit / slope / ladder provided	
3	Electrical wire / welding lead lying entangled on ground / welding m/c. booth accessible	
4	Elevated work platform / open ends are protected	
5	Ground area cordoned off before lifting works or erection at height / ground area checked & cordoned-off before start of height works	
6	Structural members / erected pipes / wooden boards/pieces etc. are safely anchored at heights and are not likely to fall down on people when working beneath	
7	Ladders tied-up on tall steel structures, long before are removed to get rid of their use	
8	Any Other	

- Indicate actions taken, if status of any of the above items is found "No"
.....
.....
- Specific Safety guidelines / precautions, if any (communicated thro' TBT)
.....
.....
- Above conditions and PPE compliances are checked by undersigned and correct status are indicated after verification

Prepared by
Contractor Site Engineer

Verification By
Contractor Safety Officer

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HOUSEKEEPING ASSESSMENT & COMPLIANCE

Project : Sr.No. :
Name of the work : Date :
Name of contractor : Job No. :
Name of contractor : Fortnightly

Sl. No.	Subjects of Review	Satisfactory/ Yes	Non satisfactory/No	Remarks	Action
1.	Cleanliness at the Main entry / access of site				
2.	Ground condition / floor areas free from water-logging / oil spillage				
3.	Ground & elevated floors free from rubbish / wastes / accumulated debris / scraps.				
4.	Manholes / openings are covered / fenced				
5.	Trenches are barricaded / walkways are in place				
6.	Drains are cleaned / not choked / not occupied by dumped materials				
7.	Sufficient CAUTION boards / instructions displayed				
8.	Construction machinery are maintained & parked in orderly manner.				
9.	Movement of site people are not obstructed because of dumping / storing of construction materials				
10.	Access / egress to Electrical Distribution Boards / Panels clear from wires / cables / earth-strips etc.				
11.	Electrical panel rooms / sheds / MCC / Control rooms / Substations etc. are clean & tidy and not used for storing dress / clothes, tiffin-box or bicycles.				
12.	Passage behind Elec. panels are free for access				
13.	Fire extinguishers / fire-buckets are accessible without any difficulty.				
14.	Stair-steps, platforms & landings are clear & tidy				
15.	Sheds / rooms & work areas have got sufficient illumination as well as ventilation				
16.	Cables / Wires / welding leads are routed / hanged appropriately & are not creating unsafe condition.				
17.	Stacking / storing of insulation materials or their packing.				
18.	Removal or cleanliness of left-over sand, concrete, brick-bats, insulation-materials, excess earth, wastes etc.				
19.	Storing / stacking of sand, metal chips, re-bars, steel pipes, valves, fittings etc.				
20.	One escape route at ground & minimum two escape routes at elevation available,				

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Sl. No.	Subjects of Review	Satisfactory/ Yes	Non satisfactory/No	Remarks	Action
21.	Captions / Posters / Slogans on various safety instructions are displayed legibly in local language				
22.	Cable trenches are water-free or regular arrangement for taking out accumulated water exists.				
23.	Windows of rooms / offices are regularly cleaned				
24.	Facilities for cycle sheds, drinking water, washing, rest-rooms etc. are maintained in tidy manner.				
25.	Toilet, Urinals, Canteen / kitchen / pantry etc. are maintained & free from obnoxious smell.				
26.	Construction tools / tackles are stored systematically - the items are tagged / tested / certified by competent third party.				
27.	Sufficient numbers of Dust-bins / Waste-bins found at site and are regularly emptied.				

Additional remarks, if any -

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.....
.....

Inspected by
Contractor Engineer

Verification By
Contractor Safety Officer

FORMAT NO. : HSE-12 REV 0

INSPECTION OF TEMPORARY ELECTRICAL BOOTH / INSTALLATION

Project : Sr.No. :
Name of the work : Date :
Name of contractor : Job No. :
Sub Station No./Booth No : Location:

SL NO	SUBJECTS	OBSERVATION (YES /NO)	ACTION TAKEN
1	Switchboards installed properly are in order and protected from rain & water-logging.		
2	Adequate illumination provided for switchboard operation during night hours & the lamps are protected from direct human contact.		
3	Voltage ratings, DANGER signs, Shock-Treatment-Chart displayed in the installation / booth		
4	Fire extinguisher (DCP or CO ₂) & Sand Bucket kept in close vicinity of Switchboards		
5	Valid License & Competent Electrician / Wireman available & name/ license no. displayed at booth / installation.		
6	General housekeeping in & around booth / installation found in order.		
7	Cable-route-markers for U/G cables provided.		
8	Monthly inspection report of Electrical hand tools available in booth / installation.		
9	Electrical Panel door to be in closed condition and Insulated Mat to be provided in front of panel.		
10	Rubber hand gloves available/ used by Electricians		
11	Availability of CAUTION boards for shutdown & / or repairing works.		
12	All incoming & outgoing feeders have proper MCCB / HRC fuses / Switches.		
13	Switchboards "earthed" at two distinctly isolated locations.		
14	Switchboards have adequate operating space at the front face & at the rear face too.		
15	All connections provided through 30mA ELCB.		
16	Testing records of all ELCBs available at site		
17	Only industrial type plugs & sockets are used.		
18	Temporary connections are 3-core double insulated & free from cuts & joints and 3 rd core is earthed at both ends		
19	Socket boards are properly mounted on stand & protected from water ingress.		
20	Electrical equipments operating above 250V have two earthing / double earthing.		
21	All incoming / outgoing cables are properly glanded& terminated with "lugs".		
22	Switch-boards are of industrial variety / type.		
23	Sketch for installation / connection (SLD) made & pasted& other safety labels/display boards		
24	Labeling of incoming / outgoing feeders made.		
25	All hand lamps are protected from direct contact.		
26	All electrical cable / joints are in safe condition		

Inspected by
Contractor Engineer

Verification By
Contractor Safety Officer

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INSPECTION FOR SCAFFOLDING

Project : Sr.No. :
Name of the work : Date :
Name of contractor : Job No. :

Sl. No	Description	Yes	No	N.A.	Actions taken
1	Whether work permit is obtained to take up work at height above 1.5 Mts?				
2	Whether atmospheric condition is "stormy" or "raining" and works at heights have been permitted?				
3	Whether steel pipes scaffoldings are used for units /off-site areas?				
4	Whether scaffolding has been erected on rigid/firm/leveled surfaces / ground? Whether "foot-seals" or "base-plates" are used beneath the up-rights (vertical steel pipes)				
5	Whether scaffold construction is as per IS specification with toe-board and hand-rails (top-rail as well as mid-rail)?				
6	Whether distance between two successive up-rights are less than 2.5 Mts (height of scaffold & load carrying capacity governs the distance between two uprights)				
7	Whether all uprights are extended at least 900 mm above the top most working platform (to enable fitting of handrails)?				
8	Whether vertical distance of two successive ledgers is satisfactory? (varying between 1.3 Mts. To 2.1 Mts)				
9	Whether the peripheral areas of working at height are cordoned-off? (for avoiding accident to people arising out of dropped / deflected materials)				
10	Whether platform is provided? Is it safely approachable?				
11	Whether end of scaffold platform / board are extended beyond transoms? (125mm to 150 mm)				
12	Whether CE / IS approved quality and worthy conditioned full-body safety harness (with double lanyard & karabiners) are used while working at heights?				
13	Whether life-line of safety harness is anchored to an independent secured support capable of withstanding load of a falling person?				
14	Whether the area around the scaffold is cordoned off to prohibit the entry of unauthorized person / vehicle?				
15	Whether clamps used are of good condition, of adequate strength and free from defects?				
16	Whether ladder is placed at secured and leveled surface?				
17	Whether water-pass and oil-spills are avoided around the scaffold structure?				
18	Whether ladder is extended 1.5mts. above the landing point at height?				
19	Whether more than one access/egress provided to the scaffold?				
20	Whether ladder used are of adequate length and overlapping of short ladders avoided?				
21	Whether metallic ladders are placed much away from near-by electrical transmission line?				
22	Whether rungs of ladder are inspected and found in good order?				
23	Whether fall-arresters provided on both the access/egress routes?				
24	Whether diagonal (cross) bracings are provided at regular interval on the scaffold?				
25	Whether working platform on the scaffold has been made free from "jolt" or "gap"?				
26	Whether tools or materials are removed after completion of the day's job at heights?				
27	Whether a valid Permit for Work (PFW) is obtained before taking up work over asbestos or fragile roof?				
28	Whether sufficient precaution is taken while working on fragile roof?				

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Sl. No	Description	Yes	No	N. A	Actions taken
29	Whether provision is made to arrange duck ladder, crawling board for working on fragile roof?				
30	Whether scaffold has been inspected by qualified civil engineers prior to their use?				
31	Whether the scaffolding has been designed for the load to be borne by the same?				
32	Whether the erection and dismantling of the scaffolding is being done by trained persons and under adequate supervision?				
33	Whether safety net with proper working arrangement and life-line has been provided?				
34	Whether TAGS (Green for acceptable and Red for incomplete/unsafe scaffolds) are used on scaffolds?				
35	Whether sufficient illumination is provided in and around the scaffold and access?				
36	Whether emergency rescue / response arrangements are made in place				

Inspected by
Contractor Engineer

Verification By
Contractor Safety Officer

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(sheet 1 of 2)

PERMIT FOR ERECTION / MODIFICATION & DISMANTLING OF SCAFFOLDING

Project : Sr.No. :
 Name of the work : Date :
 Name of contractor : Job No. :
 Nature of activities : Duration: From.....To.....

SL. No.	SUBJECTS / ITEMS	DONE	NOT DONE	REMARKS
1	Specific task of Erection / Modification / Dismantling of scaffolds, identified & TAGGED accordingly (before as well as after carrying-out jobs).			
2	People engaged in doing the job are identified & are certified by Job Engineer of Main Contractor as experienced / trained.			Names to be noted
3	Concerned persons are alerted by the Job Engineer of Main Contractor in connection with possible hazards & what the workmen MUST do / MUST not do.			
4	Verification by Job Engineer of Main Contractor made for confirming that all persons permitted to carry-out the jobs are making use of Helmet, Safety Shoes, Goggles, Gloves & Double lanyard safety harness and other relevant PPEs.			
5	Area of work is effectively cordoned-off / barricaded / illuminated.			
6	For taking-up / lowering down Scaffolding members / clamps / couplings etc. appropriate ropes / pulleys/ chains etc. have been arranged for use (not to throw any item) & the same have been verified as "fit for purpose".			
7	Items / members of scaffold, being lowered are removed from the area & stacked correctly.			
8	Ropes, chains, pulley blocks etc. being used for lifting or lowering scaffold items, are inspected by the Job Engineer & their certifications as well as physical conditions have been found O.K. before signing this PERMIT.			
9	Safety Net / Life-line / Fall Arresters etc. are arranged in position and Job Engineer has found working conditions favorable for activities to start.			
10	Scaffold erection or dismantling tasks are being supervised by Experienced Engineer / Competent person.			
11	Only competent & experienced people have been selected / engaged in Scaffolding erection, modification or dismantling tasks.			
12	Adequate & effective actions for traffic and movement of people around the cordoned-off area taken to avoid inadvertent incident			
13	Working platforms are protected with handrails & toe-boards.			
14	Access & Exit (for reach & escape) are safe for use by people.			
15	Tools, tackles to be used for above jobs are verified by job Engineers of Main contractor as genuinely good and tied-up at height (to prevent their fall).			
16	Site important Telephone Nos. are made known to everyone			
17	SOP (Safe Operating Procedure) for the specific task is made & followed too.			
18	Emergency vehicle has been arranged at work locations.			

- This permit for work shall be available at specific work location all the time.
- After completion of work, permit shall be returned to safety cell of main contractor, without fail.
- This Permit shall be issued maximum upto (Monday to Sunday).
- Additional Precautions, if any

.....
 • **ACCORD OF PERMISSION** (to be ticked) - YES () / NO ()
 Work Permit Receiver Verification By Work Permit issuer Contractor Job Supervisor
 Contractor Safety Officer Contractor Engineer/RCM

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Everyday Site working conditions & performance of workmen shall be assessed / checked by Contractor Site Engr. and Safety Officer shall verify the same.

	Name / Sign.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Site Engr.								
Safety Off.								

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PERMIT FOR HEAVY LIFT/CRITICAL ERECTION

Project : Sr. No. :
 Name of the work : Date :
 Name of contractor : Job No. :
 Nature of activities : Duration: From..... To.....
 Location of work : Name /Type of crane :
 Equipment/Structure to be erected: Wt. of equipment/ structure to be erected

SL. NO.	Description of Item	COMPLIANCE STATUS			Remarks
		Yes	No	Not applicable	
1)	Is the crane type suitable for lift or as per erection procedure?				
2)	Is the crane have the correct number of counterweights fitted?				
3)	Availability of Load Certification of crane from authorized agency.				
4)	Is the load chart of crane available in crane cabin/or with Crane operator?				
5)	Is the device to check the Wind speed in crane is working? Is the safety features in crane are working?				
6)	Availability of Load certification of slings and other accessories from authorized agency				
7)	Availability of Licensee/certificate for crane operator from authorized agency.				
8)	Availability of approved HIRAC for the subject activities.				
9)	Availability of approved erection/rigging procedures.				
10)	Availability of temporary gratings/ platforms for critical lifting(as applicable)				
11)	Tool Box conducted before erection?				
12)	Has the area been cordoned off?				
13)	Are the authorized persons during erection are identified?				
14)	Does each person identified for erection understand their roles and responsibilities?				
15)	Is the ground on which crane will rest or outrigger support are correct?				
16)	Is hard stand requirement (if any) complied?				
17)	Is the communication system (viz walkie-talkies, etc. are working properly?				
18)	If more than one crane is lifting the load, is an Intermediate rigger will supervise the lift?				
19)	If there is other obstruction within the operating radius of the crane, have correct precautions been taken to prevent collision?				
20)	All the persons are wearing the requisite PPE?				

Work Permit Receiver : Verification By : Work Permit issuer Contractor Job Supervisor
 Contractor Safety Officer : Contractor Engineer/RCM

FORMAT NO. : HSE-16 REV 1

PERMIT FOR ENERGY ISOLATION & DE-ISOLATION

Project : Sr.No. :
 Name of the work : Date :
 Name of contractor : Job No. :

ENERGY ISOLATION PERMIT	
<ul style="list-style-type: none"> • Clearance required from:.....HrsDate ToHrsDate • Name of equipment/ energy source etc. • Nature of job to be done: • Area.....Location:..... 	

PERMIT VALIDATION	PERFORMING AUTHORITY
I hereby authorize thepersonnel(performer) to isolate the above equipment/energy source from all sources of power and handover the equipment/energy source for maintenance/repair. Issuing authority Client/Contractor RCM (as applicable) Signature: Date: Name:	The work and precautions will be carried out under my overall responsibility.(Testing/execution engineer) Signature: Date: Name:

SAFETY PRECAUTIONS FOR CLEARANCE	NORMALISING AFTER CLEARANCE
1. Notify workers of intent to de- energize <input type="checkbox"/> 2. Obtain lock, tag or locking/tagging devices <input type="checkbox"/> 3. Shut down, de-energize, dissipate any residual energies. <input type="checkbox"/> 4. Apply lock ,tag and locking and/or tagging devices <input type="checkbox"/> 5. *Any other job specific precautions <input type="checkbox"/> 6. Verify effectiveness of lockout by attempting to restart. <input type="checkbox"/> 7. Proper PPE is ensured <input type="checkbox"/> I certify that the energy source mentioned above is isolated from all sources and is safe to start the work. Tag No:..... Lock No:..... Issuing authority Client/Contractor RCM (as applicable) Signature: Date: Name: (*to be included by contractor in consultation with issuing authority)	1. Notify workers of intent to re- energize <input type="checkbox"/> 2. Conduct visual inspection to confirm that the danger zone is clear of workers <input type="checkbox"/> 3. Conduct visual inspection to confirm that tools ,equipment’s danger zone is clear of workers <input type="checkbox"/> 4. Reposition the safety devices(interlocks, valves, guards, covers ,sensors, as applicable, etc.) <input type="checkbox"/> 5. *Any other job specific normalizing details <input type="checkbox"/> 6. Remove lock, tag and locking and/or tagging devices. <input type="checkbox"/> 7. Re-energize. <input type="checkbox"/> 8. Confirm system is operating properly& safely I certify that the energy source mentioned above is isolated from all sources and is safe to start the work. Tag No:..... Lock No:..... Issuing authority Client/Contractor RCM (as applicable) Signature: Date: Name: (*to be included by contractor in consultation with issuing authority)

ENERGY DE-ISOLATION PERMIT	
PERMIT VALIDATION	PERFORMING AUTHORITY
I hereby authorize thepersonnel(performer) to de- isolate the above equipment/energy source from all sources of power and handover the equipment/energy source for normal operation..	I hereby certify that the equipment/energy source mentioned above has been de-isolated and is ready for normal operation.(Testing/execution engineer)
Issuing authority Client/Contractor RCM (as applicable) Signature: Date: Name:	Signature: Date: Name: Countersigned by Issuing authority

FORMAT NO. : HSE-17 REV 1

PERMIT FOR EXCAVATION (depth 2m and above)

(Sheet 1 of 2)

Project : Sr.No. :
Name of the work : Date :
Name of contractor : Job No. :
Job Description : Location :
Size of excavation :

SL. NO.	Description of Item	COMPLIANCE STATUS			Remarks
		Yes	No	Not applicable	
1)	Suitable and sufficient risk assessments and method statements has been carried to ensure that the work shall be undertaken in accordance with specification and standard.				
2)	Are plans/details of underground services available and the same has been reviewed?				
3)	Has survey done to locate the services/obstacles etc.				
4)	Has the live services (electrical, water line, air line, telephone line, etc)has been disabled for carrying out the job.				
5)	Is adequate barriers/fences to protect the excavation are in place?				
6)	Is Adequate warning signs are in place?				
7)	Is Assessment of ground conditions done and remedial action(if any) taken?				
8)	Safe access / egress (e.g. ramp / steps / ladders etc.) provided for site workmen & supervisors.				
9)	Is the excavation work being undertaken in proximity of structure, etc. ?If Yes, it's effect is considered?				
10)	Availability of competent person for supervising the excavation work?				
11)	Adequate safe arrangement to prevent collapse of edges (e.g. shoring / strutting / benching / sloping etc.) made at site.				
12)	Hard barricades (at least 1.0M away from edge & for excavation near site access roads) with warning signs/caution boards are provided				
13)	Accumulation / passage-ways of water at periphery of excavation / trench stopped/ restricted.				
14)	Is the equipment being used for excavation has been checked for adequacy and is in good working condition having all the safety features?				
15)	Age & fitness of workmen ensured by medical test before engagement in job ?				
16)	Arrangement of Monitoring of possible oxygen deficiency or obnoxious gases done & action taken?				

PERMIT GRANTED - Yes / No

(List enclosed with name & gate pass numbers.)

Name & Signature of Site Engr.

Name & Signature of Area – In charge/RCM of

Contractor (Receiver)

Contractor (Issuer)

Verification by Contractor Safety Officer

FORMAT NO. : HSE-17 REV 1

PERMIT FOR EXCAVATION

(Sheet 2 of 2)

NOTES: -

1. Slopes or benches for excavation beyond 2.0M depth shall be designed & approved by Contractor's site head.
2. Excavated earth to be kept at least 1.5M away from edges
3. Safety helmets, Safety shoes or gum-boots, gloves, goggles, Face shield, Safety Harness shall be essential PPEs.
4. Permit shall be made in **duplicate** and original shall be available at site of work.
5. Permit shall be issued for maximum **one week** only (Monday to Sunday)
6. After completion of works, permit shall be closed & preserved for record purpose

GRANT OF PERMIT AND EXTENSIONS

Sl. No.	Validity period From ____ To ____	Working Time From ____ To ____	Receiver (site Engr. of Main Contractor)	Issuer(Area In charge/RCM of Main Contractor)	Review by EIL / Owner (Remarks with date)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Additional safety instructions if any: -

- 1.
- 2.
- 3.

FORMAT NO. : HSE-18 REV 0

(Sheet 1 of 2)

IDENTIFICATION OF ENVIRONMENTAL ASPECTS, IMPACT ASSESSMENT AND CONTROL MEASURES

S.No	Activity	Environmental Aspect	N/A/E	Environment Impact	Control Measures	Consequences						Risk Level	Significant	Gaps/ Recommendations
						A	B	C	D	E	F	G	Yes/No	

(Sheet 2 of 2)

INITIAL ENVIRONMENT REVIEW TECHNIQUE

Environmental Impacts	AP = Air Pollution	WP = Water Pollution	LC = Land Contamination	DNR = Depletion of Natural Resources	NP = Noise Pollution
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Scale	Quantity (A)	Occurrence (B)	Severity of Impact (C)	Detection (D)	Control (E)	Legal and other requirements (F)
1	Negligible	Very Rare	Negligible visual impact	Immediately	Available & effective at place	In compliance or not applicable
2	Low	Once a month or less	Causes Discomfort or Nuisance	Within 1 hour	Has in-built Secondary control	
3	Moderate	Once a day	Resource Depletion	Within 8 hours	Needs human Intervention	
4	High	Several times a Day	Affects Aquatic Life, flora, fauna or global issue	Within 24 hours	Mechanism in place but not reliable	
5	Excessive	Continuous	Human health effect	More than 24 hours	Absent or no effective control	Not in compliance

Risk Level - G : A x B x C x D x E x F

Aspects with score of **100 and above** are considered as significant.
Also, Irrespective of the score, all legal noncompliance's to be considered as significant

Condition	
N	NORMAL
A	ABNORMAL
E	EMERGENCY

FORMAT NO. : HSE-19 REV 0 HIRAC

Risk Identification						Desired Controls & Existing Gaps, If Any		Risk Assessment				Recommended Control Actions To Reduce The Risk Level	Action By	Remarks
SN	Activity	Activity Type (R/NR)	Hazards	Condition(N/AN/E)	Associated Risk	Desired Control Measures	Gaps If Any	Probability(P)	Impact (I)	Risk R= P*I	Risk Classification			

Likelihood – Possibility of occurrence of risks based on present gaps (technological / operational / competence / measurement and monitoring);

UL: Unlikely, **L:** Likely, **VL:** Very Likely, **FR:** Frequent, **C:** Continuous

Impact –

SI: Slight Injury, **MI:** Minor Injury, **MJ:** Major Injury, **SF:** Single Fatality, **MF:** Multiple Fatalities

Level of consequence – Refer Guidance criteria for this i.e. possible degree of damage;

Condition- **N:** Normal, **AN:** Abnormal, **E:** Emergency

Activity Type: **R-** Routine, **NR-** Non Routine

RISK –

L: Low Risk, **M:** Moderate Risk, **H:** High Risk

FORMAT NO.: HSE-20 REV 0

Inspection of Tower Crane

Name of Contractor:

Project:

Name of Work:

Job No:

Vehicle Identification/Registration No:

Date:

Sr. No.	Description	Observation	Remarks & Suggestions
1	Serial number plate & SWL marking		
2	Valid TPI Certificate		
3	Valid Insurance		
4	Safe access and egress are provided to the crane operator.		
5	Front glass of Operator cabin		
6	Operator crane cabin is provided with a locking mechanism so as to prevent unauthorised entry.		
7	A safety bar is fitted across the operator's cabin window where there is likelihood of the operator falling through it.		
8	Manufacturer Operating Manual and Maintenance Manual are made available.		
9	An updated Operation and Maintenance log book is available in the operator cabin.		
10	All mounting bolts are in good condition.		
11	Load chart provided		
12	SLI available		
13	Crane hooks have got smooth surface and no dent		
14	Hook-latch / Dog-clamp in hook is effective		
15	Over hoist limit switch		
16	Double body earthing of Tower Crane		
17	Jib angle indicator is provided (For Luffing Jib Tower Crane).		
18	Emergency stop button, which will terminate the operation of the crane engine, is installed in the operator cabin and correctly identified.		
19	Effective braking mechanisms for Hoisting, Derricking, Slewing, Trolley Travelling maintained:		
20	Trolley Travelling limiter to prevent over-travelling of trolley is functional.		
21	Limit switches to prevent over-derricking and over-lowering of jib (For Luffing Jib Tower Crane) is functional.		
22	Slewing limiter to restrict slewing of crane is functional.		
23	Over load Limiter to prevent overloading of crane is functional.		
24	Load Moment Limiter to prevent over-turning moment is functional.		
25	Anti-collision devices are tested to stop the tower crane's operation such that the crane-to-crane interference must be maintained at not less than 3 m.		
26	Condition of boom		
27	Counter weight placement and pins		
28	Winches, pulleys and wire ropes are in good working condition.		
29	Colour coding		
30	Leakage in hydraulic cylinder		

31	Fire Extinguisher		
32	Tower crane is adequately grounded or protected against lightning.		
33	Wind anemometer is installed and is in good working condition.		
34	Aviation lamp is functional (Reqd. for 30mt and above)		
35	Pre Medical Check-up & Periodic Medical check-up (every 6 months) including vision test for Operator		
36	Safety Induction for Operator		
37	Others		

Signature & Name of
Operator:

Signature and name of Job
Engineer

Signature & Name of Contractor's Safety Officer

FORMAT NO. : HSE-21 REV 0

Crane Inspection Checklist

Name of Contractor:

Project:

Name of

Work:

Job No:

Vehicle Identification/Registration No:

Date:

Sr. No.	Description	Observation	Remarks & Suggestions
1	Crane hooks have got smooth surface and no dent		
2	Hook-latch / Dog-clamp in hook is effective		
3	Over hoist limit switch		
4	Over Load Indicator		
5	Over Boom limit switch		
6	Boom angle indicator		
7	Colour coding		
8	Condition of boom		
9	Condition of wire rope		
10	Rope drum / sheaves are in good working condition		
11	Swing break & lock		
12	Swing Alarm		
13	Over hoist break & lock		
14	Boom break & lock (For Telescopic Boom)		
15	Leakage in hydraulic cylinder		
16	Condition of Outrigger (For Tyre Mounted Crane)		
17	Outrigger fully extended Marking (For Tyre Mounted Crane)		
18	Condition of Tyre (For Tyre Mounted Crane)		
19	Wheel chokes are present and are used whenever required (For Tyre mounted)		
20	Battery & lamps		
21	Moving & rotating parts guarded		
22	Load chart provided		
23	Reverse horn (For Tyre Mounted Crane)		
24	Body Condition of crane		
25	Front glass of Operator cabin		
26	Both side Mirror		
27	Number Plate (For Tyre Mounted Crane)		
28	Fire Extinguisher		
29	Horn		
30	Windshield and wipers		
31	Working of light & Indicator		
32	SLI		
33	Spark Arrestor(For Running Refinery/ Petrochemical/Chemical Plant)		

34	Foot-steps and hand-holds are in good working condition for exit /enter in to cabin		
35	TPI,Certificate		
36	RC Document (For Tyre Mounted Crane)		
37	Fitness Certificate of Vehicle by authority		
38	Insurance		
39	PUC		
40	HMV License for Operator		
41	Pre Medical Check-up& Periodic Medical check-up (every 6 months) including vision test for Operator		
42	Safety Induction for Operator		
43	Others		

Signature & Name of
Operator:

Signature & Name of Contractor's
Concern Engineer

Signature & Name of Contractor's Safety Officer

FORMAT NO. : HSE-22 REV 0

Hydraulic Mobile Crane- Inspection Checklist

Name of Contractor:

Project:

Name of Work:

Job No:

Vehicle Identification/Registration No:

Date:

Sr. No.	Description	Observation	Remarks & Suggestions
1	Identification number of Hydraulic Mobile crane boldly scribed in front and rear end of machine		
2	Operator has got adequate document in support of his competency (i.e. HMV driving license, knowledge & training)		
3	Marking of SWL on hook position is clearly visible		
4	Test & examination of Hydraulic Mobile crane by statutory / competent authority is carried out & document is valid		
5	Colour Coding		
6	RC Document		
7	Fitness Certificate of Vehicle by authority		
8	Valid Insurance		
9	Valid PUC		
10	Pre Medical Check-up & Periodic Medical check-up (every 6 months) including vision test for Operator		
11	Safety Induction for Operator		
12	Crane hooks have got smooth surface and no dent		
13	Hook-latch / Dog-clamp in hook is effective		
14	Over hoist limit switch		
15	Over Load Indicator		
16	SLI		
17	Condition of boom		
18	Condition of wire rope		
19	Rope drum / sheaves are in good working condition		
20	Leakage in hydraulic cylinder		
21	Tyre condition		

22	Battery		
23	Moving & rotating parts guarded		
24	Break		
25	Parking Break		
26	Front horn		
27	Reverse horn		
28	Hydraulic Mobile Crane cabin body and frame of machine is in good order		
29	Both side Mirror		
30	Fire Extinguisher		
31	Front glass pane of the Hydraulic Mobile operator's cabin is clean & clear (i.e. not cracked / damaged / broken)		
32	Windshield and wipers condition		
33	Working of front & back lights, turn Indicators, parking lights & fog lamps		
34	Spark Arrestor(For Running Refinery/ Petrochemical/Chemical Plant)		
35	Wheel chokes are present and are used whenever required		
36	Foot-steps and hand-holds are in good working condition for exit /enter in to cabin		
37	Others		

Signature & Name of Operator

**Signature & Name of
Contractor's Concern
Engineer**

Signature & Name of Contractor's Safety Officer