APPENDIX-E: (Sheet 2 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
Narrow deep excavations for pipelines, etc.	Same as above plus Frequent cave-in or slides	May cause severe injuries or prove fatal	Battering/benching of sides Provide escape ladders
	Flooding due to Hydro- static testing	May arise drowning situation	Same as above plus Bail out accumulated water Maintain adequate ventilation.
Rock by excavation blasting	Improper handling of explosives	May prove fatal	Ensure proper storage, handling & carrying of explosives by trained personnel. Comply with the applicable explosive acts & rules.
	Uncontrolled explosion	May cause severe injuries or prove fatal	Allow only authorized persons to perform blasting operations. Smoking and open flames are to be strictly prohibited
	Scattering of stone pieces in atmosphere	Can hurt people	Use PPE like goggles, face mask, helmets etc.
Rock excavation by blasting (Contd)	Entrapping of persons/ animals.	May cause severe injuries or prove fatal	Barricade the area with red flags and blow siren before blasting.
	Misfire	May explode suddenly	Do not return to site for atleast 20 minutes or unless announced safe by designated person.
Piling Work	Failure of pile-driving equipment	Can hurt people	Inspect Piling rigs and pulley blocks before the beginning of each shift.
	Noise pollution	Can cause deafness and psychological imbalance.	Use personal protective equipment's like ear plugs, muffs, etc.
	Extruding rods/casing	Can hurt people	Barricade the area and install sign boards Provide first-aid
	Working in the vicinity of 'Live-Electricity'	Can cause electrocution/ Asphyxiation	Keep sufficient distance from Live-Electricity as per IS code. Shut off the supply, if possible Provide artificial/rescue breathing to the injured
(B) CONCRETING	Air pollution by cement	May affect Respiratory System	Wear respirators or cover mouth and nose with wet cloth.
	Handling of ingredients	Hands may get injured	Use gloves & other PPE.
	Protruding reinforcement rods.	Feet may get injured	Provide platform above reinforcement for movement of workers or provide end caps for protection on reinforcement bars.

APPENDIX-E :(Sheet 3 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
	Earthing of electrical mixers, vibrators, etc. not done.	Can cause electrocution/ asphyxiation	Ensure earthing of equipments and proper functioning of electrical circuit before commencement of work.
	Falling of materials from height	Persons may get injured	Use hard hats Remove surplus material immediately from work place. Ensure lighting arrangements during night hours
	Continuous pouring by same gang	Cause tiredness of workers and may lead to accident.	Insist on shift pattern Provide adequate rest to workers between subsequent pours.
	Revolving of concrete mixer/ vibrators	Parts of body or clothes may get entrapped.	Allow only mixers with hopper Provide safety cages around moving motors Ensure proper mechanical locking of vibrator.
Super-structure	Same as above plus Deflection in props or shuttering material	Shuttering/props may collapse and prove fatal	Avoid excessive stacking on shuttering material Check the design and strength of shuttering material before commencement of work Rectify immediately the deflection noted during concreting.
	Passage to work place	Improperly tied and designed props/planks may collapse	Ensure the stability and strength of passage before commencement of work. Do not overload and stand under the passage.
(C) REINFOR-CEMENT	Curtailment and binding of rods	Persons may get injured	Use PPE like gloves, shoes, helmets, etc. Avoid usage of shift tools
	Carrying of rods for short distances/at heights	Workers may get injured their hands and shoulders.	Provide suitable pads on shoulders and use safety gloves. Tie up rods in easily liftable bundles Ensure proper staging.
	Checking of clear distance/ cover with hands	Rods may cut or injure the fingers	Use measuring devices like tape, measuring rods, etc.
	Hitting projected rods and standing on cantilever rods.	Persons may get injured and fell down	Use safety shoes and avoid standing unnecessarily on cantilever rods Avoid wearing of loose clothes

APPENDIX-E:(Sheet 4 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
	Falling of material from height	May prove fatal	Use helmets Provide safety nets
	Transportation of rods by trucks/ trailers	Protruded rods may hit the persons	Use red flags/lights at the ends Do not protrude the rods in front of or by the side of driver's cabin. Do not extend the rods 1/3rd of deck length or 1.5m whichever is less
(D)WELDING AND GAS CUTTING	Welding radiates invisible ultraviolet and infra-red rays	Radiation can damage eyes and skin.	Use specified shielding devices and other PPE of correct specifications. Avoid thoriated tungsten electrodes for GTAW
	Improper placement of oxygen and acetylene cylinders	Explosion may occur	Move out any leaking cylinder Keep cylinders in vertical position Use trolley for transportation of cylinders and chain them Use flashback arrestors
	Leakage/ cuts in hoses	May cause fire	Purge regulators immediately and then turn off Never use grease or oil on oxygen line connections and copper fittings on acetylene lines Inspect regularly gas carrying hoses Always use red hose for acetylene & other fuel gases and black for oxygen
	Opening-up of cylinder	Cylinder may burst	Always stand back from the regulator while opening the cylinder Turn valve slowly to avoid bursting Cover the lug terminals to prevent short circuiting
	Welding of tanks, container or pipes storing flammable liquids	Explosion may occur	Empty & purge them before welding Never attach the ground cable to tanks, container or pipe storing flammable liquids Never use LPG for gas cutting

APPENDIX-E:(Sheet 5 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES ...(Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
(E) RADIOGRAPHY	Ionizing radiation	Radiations may react with the skin and can cause cancer, skin irritation, dermatitis, etc.	Ensure Safety regulations as per BARC/AERB before commencement of job. Cordon off the area and install Radiation warning symbols Restrict the entry of unauthorized persons Wear appropriate PPE and film badges issued by BARC/AERB
	Transportation and Storage of Radiography source	Same as above	Never touch or handle radiography source with hands Store radiography source inside a pit in an exclusive isolated storage room with lock and key arrangement. The pit should be approved by BARC/AERB. Radiography source should never be carried either in passenger bus or in a passenger compartment of trains. BARC/AERB has to be informed before source movement. Permission from Director General of Civil Aviation is required for booking radio isotopes with airlines.
	Loss of Radio isotope	Same as above	Try to locate with the help of Survey Meter. Inform BARC/AERB (*)
(F) ELECTRICAL INSTALLATION ANDUSAGE	Short circuiting	Can cause Electrocution or Fire	Use rubberized hand gloves and other PPE Don't lay wires under carpets, mats or door ways. Allow only licensed electricians to perform on electrical facilities Use one socket for one appliance Ensure usage of only fully insulated wires or cables Don't place bare wire ends in a socket Ensure earthing of machineries and equipment's Do not use damaged cords and avoid temporary connections Use spark-proof/flame proof type field distribution boxes.

(*) Atomic Energy Regulatory Board (AERB),
Bhabha Atomic Research Centre (BARC)
Anushakti Nagar, Mumbai – 400 094

APPENDIX-E:(Sheet 6 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
			Do not allow open/bare connections Provide all connections through 30mAELCB Protect electrical cables/equipments from water and naked flames Check all connections before energizing
	Overloading of Electrical System	Bursting of system can occur which leads to fire	Display voltage and current ratings prominently with 'Danger' signs. Ensure approved cable size, voltage grade and type Switch off the electrical utilities when not in use Do not allow unauthorized connections. Ensure proper grid wise distribution of Power
	Improper laying of overhead and underground transmission lines/cables	Can cause electrocution and prove fatal	Do not lay un armoured cable directly on ground, wall, roof of trees Maintain atleast 3m distance from HT cables All temporary cables should be laid atleast 750 mm below ground on 100 mm fine sand overlying by brick soling Provide proper sleeves at crossings/ inter-sections Provide cable route markers indicating the type and depth of cables at intervals not exceeding 30m and at the diversions/termination
(G) FIRE PREVENTION AND PROTECTION	Small fires can become big ones and may spread to the surrounding areas	Cause burn injuries and may prove fatal	In case a fire breaks out, press fire alarm system and shout "Fire, Fire". Keep buckets full of sand & water/ fire extinguishing equipment near hazardous locations. Confine smoking to 'Smoking Zones' only. Train people for using specific type of fire fighting equipments under different classes of fire. Keep fire doors/shutters, passages and exit doors unobstructed. Maintain good housekeeping and first-aid boxes (for details refer Appendix-B). Don't obstruct assess to Fire extinguishers. Do not use elevators for evacuation during fire. Maintain lightening arrestors for elevated structures. Stop all electrical motors with internal combustion.

APPENDIX-E :(Sheet 7 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
			Move the vehicles from dangerous locations. Remove the load hanging from the crane booms Remain out of the danger areas.
	Improper selection of Fire extinguisher	It may not extinguish the fire	Ensure usage of correct fire extinguisher meant for the specified fire (for details refer Appendix-C). Do not attempt to extinguish Oil and electric fires with water. Use foam cylinders/CO_2/sand or earth.
	Improper storage of highly inflammable substances	Same as above	Maintain safe distance of flammable substances from source of ignition. Restrict the distribution of flammable materials to only min. necessary amount. Construct specifically designed fuel storage facilities. Keep chemicals in cool and dry place away from heat. Ensure adequate ventilation. Before welding operation, remove or shield the flammable material properly. Store flammable materials in stable racks, correctly labeled preferably with catchment trays. Wipe off the spills immediately
	Short circuiting of electrical system	Same as above Can cause Electrocution	Don't lay wires under carpets, mats or door ways Use one socket for one appliance. Use only fully insulated wires or cables. Do not allow open/bare connections. Provide all connections through 30mAELCB. Ensure earthing of machineries and equipments.
(H) VEHICULAR MOVEMENT	Crossing the Speed Limits (Rash driving)	Personal injury	Obey speed limits and traffic rules strictly. Always expect the unexpected and be a defensive driver. Use seat belts/helmets. Blow horn at intersections and during overtaking operations. Maintain the vehicle in good condition. Do not overtake on curves, bridges and slopes.
	Adverse weather condition	Same as Above	Read the road ahead and ride to the left. Keep the wind screen and lights clean. Do not turn at speed. Recognize the hazard, understand the defense and act correctly in time.

APPENDIX-E :(Sheet 8 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
	Consuming alcohol before and during the driving operation	Same as above	Alcohol and driving do not mix well. Either choose alcohol or driving. If you have a choice between hitting a fixed object or an on-coming vehicle, hit the fixed object Quit the steering at once and become a passenger. Otherwise take sufficient rest and then drive. Do not force the driver to drive fast and round the clock. Do not day dream while driving
	Falling objects/ Mechanical failure	May prove fatal	Ensure effective braking system, adequate visibility for the drives, reverse warning alarm. Proper maintenance of the vehicle as per manufacturer instructions
(I) PROOF TESTING (HYDROSTATIC/ PNEUMATIC TESTING)	Bursting of piping Collapse of tanks Tanks flying off	May cause injury and prove fatal	Prepare test procedure & obtain EIL/owner's approval. Provide separate gauge for pressurizing pump and piping/equipment. Check the calibration status of all pressure gauges, dead weight testers and temperature recorders. Take dial readings at suitable defined intervals and ensure most of them fall between 40-60% of the gauge scale range. Provide safety relief valve (set at pressure slightly higher than test pressure) while testing with air/ nitrogen. Ensure necessary precautions, stepwise increase in pressure, tightening of bolts/nuts, grouting, etc. before and during testing. Keep the vents open before opening any valve while draining out of water used for hydro-testing of tanks. Pneumatic testing involves the hazard of released energy stored in compressed gas. Specific care must therefore be taken to minimize the chance of brittle failure during a pneumatic leak test. Test temperature is important in this regard and must be considered when the designer chooses the material of construction.

APPENDIX-E :(Sheet 9 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
			A pressure relief device shall be provided, having a set pressure not higher than the test pressure plus the lesser of 345 KPa (50 psi) or 10% of the test pressure. The gas used as test fluid, if not air, shall be nonflammable and nontoxic.
(J) WORKING AT HEIGHTS	Person can fall down	May sustain severe injuries or prove fatal	Provide guard rails/barricade at the work place Use PPE like full body harness, life line, helmets, safety shoes, etc. Obtain a permit before starting the work at height above 2 meters Fall arrest and safety nets, etc. must be installed Provide adequate working space(min. 0.6 m) Tie/weld working platform with fixed support Use roof top walk ladder while working on a slopping roofs Avoid movement on beams
		May hit the scrap/material stacked at the ground or in between	Keep the work place neat and clean Remove the scrap immediately
	Material can fall down	May hit the workers working at lower levels and prove fatal	Same as above plus Do not throw or drop materials or equipment from height. i.e. do not *bomb* materials All tools to be carried in a tool-kit Bag or on working uniform Remove scrap from the planks Ensure wearing of helmet by the workers working at lower levels. Multiple activities at same location to be avoided. .
(K) CONFINED SPACES	Suffocation/ drowning	Unconsciousness, death	Use respiratory devices, if reqd. Avoid overcrowding inside a confined space Provide Exhaust fans for ventilation Do not wear loose clothes, neck ties, etc. Fulfill conditions of the permit

APPENDIX-E:(Sheet 10 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
			Check for presence of hydrocarbons, O_2 level Obtain work permit before entering a confined space Ensure that the connected piping of the equipment which is to be opened is pressure free, fluid has been drained, vents are open and piping is positively isolated by a blind flange
	Presence of foul smell and toxic substances	Inhalation can pose threat to life	Same as above plus Check for hydrocarbon and Aromatic compounds before entering a confined space Depute one person outside the confined space for continuous monitoring and for extending help in case of an emergency
	Ignition/ flame can cause fire	Person may sustain burn injuries or explosion may occur	Keep fire extinguishers at a hand distance Remove surplus material and scrap immediately Do not smoke inside a confined space Do not allow gas cylinders inside a confined space Use low voltage (24V) lamps for lighting Use tools with air motors or electric tools with max. voltage of 24V Remove all equipment's at the end of the day
(L) HANDLING AND LIFTING EQUIPMENTS	Failure of load lifting and moving equipment's	Can cause accident and prove fatal	Avoid standing under the lifted load and within the operating radius of cranes. Check periodically oil, brakes, gears, horns and tyre pressure of all moving machinery. Check quality, size and condition of all chain pulley blocks, slings, U-clamps, D-shackles, wire ropes, etc. Allow crane to move only on hard, firm and leveled ground. Allow lifting slings as short as possible and check gunny packings at the friction points. Do not allow crane to tilt its boom while moving Install Safe Load Indicator. Ensure certification by applicable authority.

APPENDIX-E :(Sheet 11 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS & PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
	Overloading of lifting equipments	Same as above	Safe lifting capacity of derricks and winches written on them shall be got verified The max. safe working load shall be marked on all lifting equipments Check the weight of columns and other heavy items painted on them and accordingly decide about the crane capacity, boom and angle of erection Allow only trained operators and riggers during crane operation.
	Overhead electrical wires	Can cause electrocution and fire	Do not allow boom or other parts of crane to come within 3m reach of overhead HT cables Hook and load being lifted shall preferably remain in full visibility of crane operators.
(M) SCAFFOLDING, FORMWORK AND LADDERS	Person can fall down	Person May sustain severe injuries and prove fatal	Provide guard rails for working at height. Face ladder while climbing and use both hands. Ladders shall extend about 1m above landing for easy access and tying up purpose. Do not place ladders against movable objects and maintain base at 1/4 unit of the working length of the ladder. Suspended scaffolds shall not be less than 500 mm wide and tied properly with ropes. No loose planks shall be allowed. Use PPE, like helmets, safety shoes etc.
	Failure of scaffolding material	Same as above	Inspect visually all scaffolding materials for stability and anchoring with permanent structures. Design scaffolding for max. load carrying capacity. Scaffolding planks shall not be less than 50X250 mm full thickness lumber or equivalent. These shall be cleated or secured and must extend over the end supports by at least 150mm and not more than 300mm. Don't overload the scaffolds. Do not splice short ladders to make a longer one. Vertical ladders shall not exceed 6m.
	Material can fall down	Persons working at lower level gets injured	Remove excess material and scrap immediately. Carry the tools in a tool-kit bag only. Provide safety nets.

APPENDIX-E:(Sheet 12 of 12)

CONSTRUCTION HAZARDS, THEIR EFFECTS &PREVENTIVE MEASURES (...Contd.)

ACTIVITY	TYPE OF HAZARD	EFFECT OF HAZARD	PREVENTIVE MEASURES
(N) STRUC-TURAL WORKS	Personal negligence and danger of fall	Can cause injury or casualty	Do not take rest inside rooms built for welding machines or electrical distribution system. Avoid walking on beams at height. Wear helmet with chin strap and full body harness while working at height. Use hand gloves and goggles during grinding operations. Cover or mark the sharp and projected edges. Do not stand within the operating radius of cranes.
	Lifting/ slipping of material	Same as above	Do not stand under the lifted load. Stack properly all the materials. Avoid slippage during handling. Control longer pieces lifted up by cranes from both ends. Remove loose materials from height. Ensure tightening of all nuts & bolts.
(O)PIPELIN E WORKS	Erection/ lowering failure	Can cause injury	Do not stand under the lifted load. Do not allow any person to come within the radii of the side boom handling pipes. Check the load carrying capacity of the lifting tools & tackles. Use safe Load Indicators (SLI). Use appropriate PPEs.
	Other	Same as above	Wear gum boots in marshy areas. Allow only one person to perform signaling operations while lowering of pipes. Wedges to be provided below the pipe to prevent spool/pipe roll out. Provide night caps on pipes. Provide end covers on pipes for stoppage of pigs while testing/ cleaning operations.
(P) GRIT BLASTING	Pollution in neighboring area, hit by grit sand high pressure air	Can cause personal injury	Ensure the blasting is done in enclosed shed. Keep safe distance while blasting operations. Wear positive pressure blast hood or helmet with view-window, ear-muff/plug, gloves, overall or leather coat /apron, rubber shoes.

APPENDIX-F

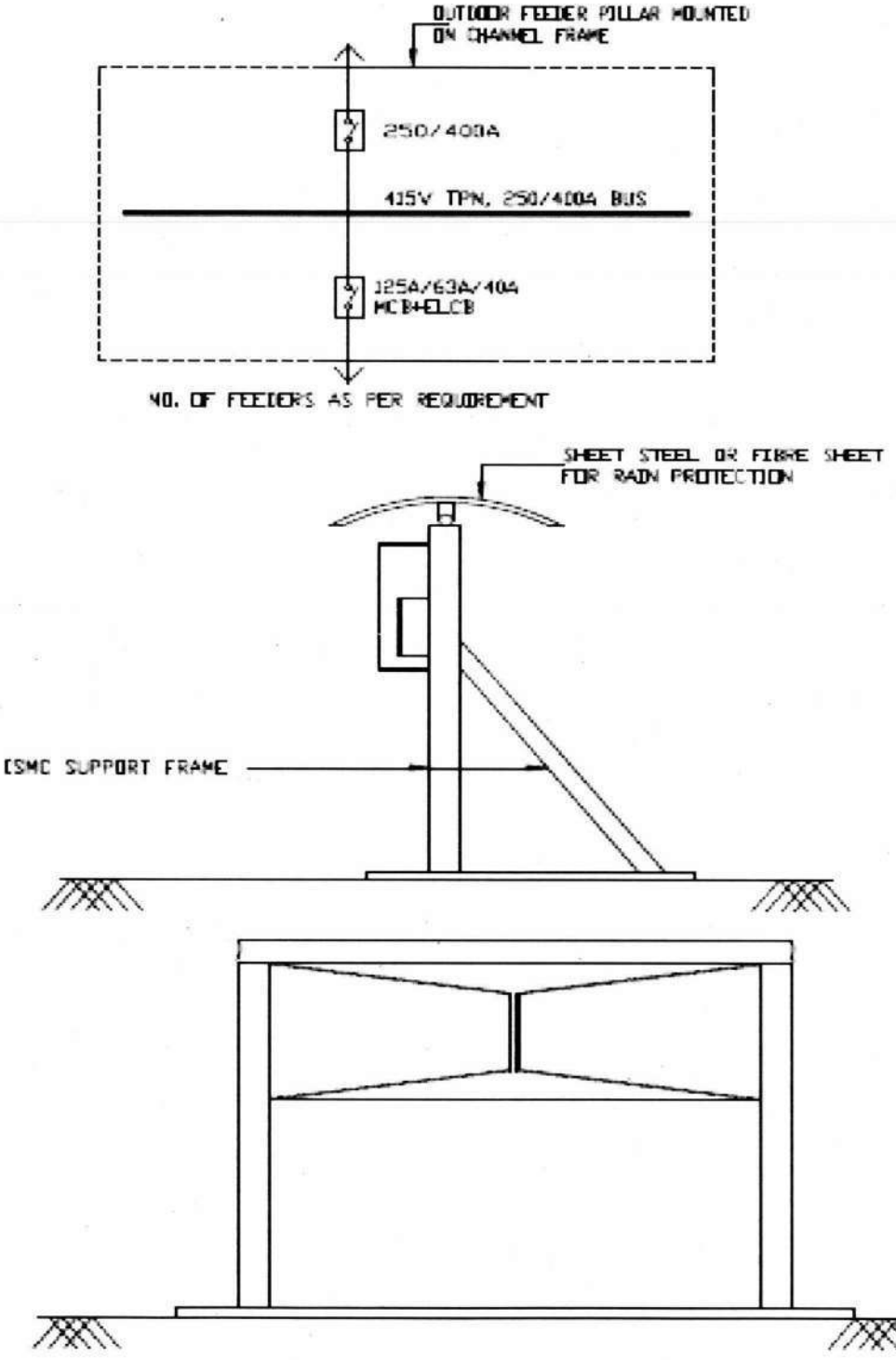
TRAINING SUBJECTS / TOPICS

(For contractors' personnel)

1. The Law & Safety – Statutory Requirement / Applicable statutes / Duties of employer / employee.
2. Policy & Administration – Why HSE? / Duties & Responsibilities of Safety Personnel at project site / Effect of incentive on accident prevention.
3. HSE & Supervision – Duties of Supervisor / HSE integrated supervision / Who should be held responsible for site accidents?
4. Safety Budget / Cost of Accidents – Direct costs / Indirect costs.
5. Hazard Identification / Type of hazards / HIRAC.
6. Behavioral Safety & Motivation.
7. Housekeeping – Storage / Stacking / Handling of materials / Hydraulic Mobile Crane handling.
8. Occupational Health in Construction sector.
9. Personal Protective Equipment's – Respiratory & Non- respiratory.
10. Electricity & Safety – ELCB / Fuse / Powered tools / Project illumination.
11. Handling of Compressed Gas – Transportation / Storage / FBAs / Fire prevention.
12. Machine Safety – Machine guarding / Maintenance.
13. Transportation – Hazards & risks in transp. of materials / ODC consignments.
14. Cranes & Other Lifting machinery – Legal requirements vis-à-vis essential safety requirements.
15. Communication – HSE Induction / TBTs / Safety Committee / Safety meeting / Safety propaganda / Publicity.
16. Excavation – Risks & Dangers / Safety measures.
17. Working at Heights – Use of ladder / Work on roofs / Scaffolds / Double harness lanyards / Life-line / Fall arrester / Safety Nets / Floor openings.
18. Hazards in Welding & important safety precautions.
19. Gas Cutting – Hazards & safety measures.
20. Fire prevention & fire protection.

APPENDIX - G

CONSTRUCTION POWER BOARD(typ)



NOTES:-

1. CONTRACTOR TO INSTALL TEMPORARY CONST. POWER BOARD AS SHOWN IN THE DRG. ITS LOCATION SHALL BE EASILY ACCESABALE.
2. POWER DISTRIBUTION BOARD SHALL BE EARTHED AT TWO POINTS BY MINIMUM 40X5MM GI STRIP FROM THE AVILABLE GRID OR DIRECTLY CONNECTED TO TWO DIRECTLY DRIVEN EARTH ELECTRODES.
3. DISTRIBUTION BOARD SHALL BE FABRICATED BY USING 14MM CRCA SHEET STEELWITH HINGED DOORSAND ALL COMPONENT MOUNTED IN IT.
4. ALL INCOMING AND OUTGOING CABLESSHALL HAVE BOTTOM ENTRY.

APPENDIX-H

LIST OF PROCEDURES (MINIMUM) TO BE FORMING PART OF HSE PLAN:-

A. HSE Management Procedures:

- HSE Risk Management (including HIRA)
- HSE Legal Compliance and Other Requirements
- HSE Objectives & Performance
- HSE Training and Competence (including Induction)
- HSE Motivation &Award Scheme
- HSE Audits
- HSE Sub Contractor Management
- HSE Emergency Management
- HSE Incidents Reporting and Management
- HSE procedure for Behaviour based Safety
- First Aid & Management
- Roles, Responsibility, accountabilities and Authorities

B. Job procedures/Safe Operating procedures

- Setting Up Site &Signages
- Working at Height
- Confined Space Entry
- Permit to Work (including hot works)
- Housekeeping
- Transportation of materials including Manual Handling
- Earthmoving Operations & excavation
- Scaffolding
- Fire Prevention/Protection
- Hazardous Substance handling & Storage
- Personal Protective Equipment

APPENDIX-I

LIFE SAVING RULES

Bypassing Safety Controls

Obtain authorisation before overriding or disabling safety controls

- I understand & use safety-critical equipment and procedure which apply to my task
- I obtain authorization before:
  - disabling or overriding safety equipment
  - deviating from procedures
  - crossing a barrier

Confined Space

Obtain authorisation before entering a confined space

- I confirm energy sources are isolated
- I confirm the atmosphere has been tested and is monitored
- I check and use my breathing apparatus when required
- I confirm there is an attendant standing by
- I confirm rescue plan is in place
- I obtain authorization to enter

Driving

Follow safe driving rules

- I always wear a seatbelt
- I do not exceed the speed limit, and reduce my speed for road conditions
- I do not use phones or operate devices while driving
- I am fit, rested and fully alert while driving
- I follow journey management requirements

Energy Isolation

Verify isolation and zero energy before work begins

- I have identified all energy sources
- I confirm that hazardous energy sources have been isolated, locked and tagged
- I have checked there is zero energy and tested for residual or stored energy

Hot Work

Controls flammables and ignition sources

- I identify and control ignition sources
- Before starting any hot work:
  - I confirm flammable material has been removed or isolated
  - I obtain authorization
- Before starting hot work in a hazardous are I confirm:
  - a gas test has been completed
  - gas will be monitored continually

Line of Fire

Keep yourself and others out of the line of fire

- I position myself to avoid:
  - moving objects
  - vehicles
  - pressure releases
  - dropped objects
- I establish and obey barriers and exclusion zones
- I take action to secure loose objects and report potentialdropped objects

Safe Mechanical Lifting

Plan lifting operations and control the area

- I confirm that the equipment and load have been inspected and are fit for purpose
- I only operate equipment that I am qualified to use
- I establish and obey barriers and exclusion zones
- I never walk under a suspended load

Work Authorization

Work with a valid permit when required

- I am authorised to perform the work
- I understand the permit
- I have confirmed that hazards are controlled and it is safe to start
- I stop and reassess if conditions change

Work at Height

Protect yourself against a fall when working at height

- I inspect my fall protection equipment before use
- I secure tools and work materials to prevent dropped objects
- I tie off 100% to approved anchor points while outside a protected area

Excavation

Follow safe excavation procedure

- Before starting any excavation:
  - I confirm availability of underground utilities
  - I obtain authorization
  - I take adequate precautions to prevent collapse of soil

FORMAT NO. : HSE-1 REV 1

(Sheet 1 of 6)

SAFETY WALK-THROUGH REPORT

(Name & signature of walk through performer to be inserted at the bottom of each page)

Project : _____ Report no. : _____

Date : _____ Ccontractor : _____

Inspection by : _____ Owner : _____

Frequency : Monthly Job no. : _____

Note : Write 'NA' wherever the item is not applicable

SL. NO.	ITEM	Satisfactory/ Yes	Non satisfactory/ No	Remarks	Action
1.	HOUSEKEEPING				
a)	Waste containers provided and used				
b)	Sanitary facilities adequate and Clean				
c)	Passageways and Walkways Clear				
d)	General neatness of working areas				
e)	Other				
2.	PERSONNEL PROTECTIVE EQUIPMENT				
a)	Goggles; Shields				
b)	Face protection				
c)	Hearing protection				
d)	Foot protection				
e)	Hand protection				
f)	Respiratory Masks etc.				
g)	Full body harness conforming to CE, EN 361				
h)	Hard hat (HDPE)				
i)	Other				
3.	EXCAVATIONS/OPENINGS				
a)	Openings properly covered or barricaded				
b)	Excavations shored				
c)	Excavations barricaded				
d)	Overnight lighting provided				
e)	Other				

Safety walk-through performer (Name & Signature).....

FORMAT NO. : HSE-1 REV 1

(Sheet 2 of 6)

SL. NO.	ITEM	Satisfactory/ Yes	Non satisfactory/ No	Remarks	Action
4.	WELDING & GAS CUTTING				
a)	Gas cylinders chained upright				
b)	Cables and hoses not obstructing				
c)	Screens or shields used				
d)	Flammable materials protected				
e)	Live electrode bits contained properly				
f)	Fire extinguisher (s) accessible				
g)	Other				
5.	SCAFFOLDING & BARRICADING				
a)	Fully decked platforms				
b)	Guard and intermediate rails in place				
c)	Toe boards in place				
d)	Adequate shoring				
e)	Adequate access				
f)	Positive barricading for critical activities				
g)	Installation of warning signs				
h)	Other				
6.	LADDERS				
a)	Extension side rails 1 m above				
b)	Top of landing				
c)	Properly secured				
d)	Angle + 70^0 from horizontal				
e)	Other				

Safety walk-through performer (Name &Signature).....

FORMAT NO. : HSE-1 REV 1

(Sheet 3 of 6)

SL. NO.	ITEM	Satisfactory/ Yes	Non satisfactory/ No	Remarks	Action
7.	HOISTS, CRANES AND DERRICKS				
a)	Condition of cables and sheaves OK				
b)	Condition of slings, chains, hooks and eyes O.K.				
c)	Inspection and maintenance log-books maintained				
d)	Outriggers used				
e)	Reverse horn installed / active / coupled with gear				
f)	Signs/barricades provided				
g)	Signals observed and understood				
h)	Qualified operators				
i)	Other				
8.	MACHINERY, TOOLS AND EQUIPMENT				
a)	Proper instruction				
b)	Safety devices				
c)	Proper cords				
d)	Inspection and maintenance				
e)	Other				
9.	VEHICLE AND TRAFFIC				
a)	Rules and regulations observed				
b)	Inspection and maintenance				
c)	Licensed drivers				
d)	Other				

Safety walk-through performer (Name &Signature).....

FORMAT NO. : HSE-1 REV 1

(Sheet 4 of 6)

SL. NO.	ITEM	Satisfactory/ Yes	Non satisfactory/ No	Remarks	Action
10.	TEMPORARY FACILITIES				
a)	Emergency instructions posted				
b)	Fire extinguishers provided				
c)	Fire-aid equipment available				
d)	Secured against storm damage				
e)	General neatness				
f)	In accordance with electrical requirements				
g)	Other				
11.	FIRE PREVENTION				
a)	Personnel trained& instructed to make use of facility				
b)	Fire extinguishers checked periodically & record maintained				
c)	No smoking in Prohibited areas.				
d)	Fire Hydrants not obstructed				
e)	Regular fire drill conducted				
12.	ELECTRICAL				
a)	Use of 3-core armored cables everywhere				
b)	Usage of 'All insulated' or 'double-insulated' electrical tools				
c)	All electrical connection are routed through ELCB				
d)	Natural Earthing at the source of power (Main DB)				
e)	Continuity and tightness of earth conductor				
f)	Effective covering of junction boxes, panels and other energized wiring places				
g)	Ground fault circuit interrupters provided				
h)	Prevention of tripping hazards maintained				
f)	DCP extinguishers arranged & licensed electrician engaged at site				

Safety walk-through performer (Name &Signature).....

FORMAT NO. : HSE-1 REV 1

(Sheet 5 of 6)

SL. NO.	ITEM	Satisfactory/ Yes	Non satisfactory/ No	Remarks	Action
13.	HANDLING AND STORAGE OF MATERIALS				
a)	Safely stored or stacked				
b)	Passageways clear / free from obstructions				
c)	Fire fighting facility in place				
14.	FLAMMABLE GASES AND LIQUIDS				
a)	Containers clearly identified / protected from fire				
b)	Safe storage & transportation arrangement made				
c)	Fire extinguishers positioned nearby				
d)	Facilities kept away from electric spark, hot spatters & ignition source.				
15.	WORKING AT HEIGHT				
a)	Approved Erection plan and work permit in place				
b)	Safe access, Safe work platform & Safety nets provided				
c)	Life lines, Fall arrester, Full body harness with double lanyards used;				
d)	Health Check record available for workers going up?				
e)	Protective handrails arranged around floor openings				
16.	CONFINED SPACE				
a)	Work Permit obtained from requisite authority				
b)	Test for toxic gas and sufficient availability of oxygen conducted & status				
c)	Supervisor present at site & at least one person outside the confined space for monitoring deputed				
d)	Availability of safe means of entry, exit and ventilation (register for entry & exit maintained)				
e)	Fire extinguisher and first-aid facility ensured				
f)	Lighting provision made by using 24V Lamp				
g)	Proper usage of PPEs ensured				
17.	RADIOGRAPHY				
a)	Proper storage and handling of source as per BARC/ AERB guidelines (authorized radiographer available)				
b)	Work permit obtained				

Safety walk-through performer (Name &Signature).....

FORMAT NO. : HSE-1 REV 1

(Sheet 6 of 6)

SL. NO.	ITEM	Satisfactory/ Yes	Non satisfactory/ No	Remarks	Action
c)	Cordoning of the area done				
d)	Use of appropriate PPE's ensured				
e)	HSE training to workers/supervisors imparted during the fortnight (indicate topic)				
f)	Minimum occupancy of workplace ensured				
18.	HEALTH CHECKS				
a)	All Workers medically examined and found be fit for working at heights (slinging, rigging, painting etc.) in confined space in excavation / trenching in shot blasting				
b)	Availability of First Aid box with contents				
c)	Proper sanitation at site, office and labour camps				
d)	Arrangement of medical facilities.				
e)	Measures for dealing with illness at site & labour camps.				
f)	Availability of Potable drinking water for workmen & staff.				
g)	Provision of crèches for children.				
h)	Stand by vehicle / ambulance available for evacuation of injured				
i)	Adherence to Govt. Guidelines/procedures during epidemic and pandemic (as applicable).				
19.	ENVIRONMENT				
a)	Chemical and Other Effluents properly disposed				
b)	Cleaning liquid of pipes disposed off properly				
c)	Seawater used for hydro-testing disposed off as per agreed procedure				
d)	Lubricant Waste/Engine oils properly disposed				
e)	Waste from Canteen, offices, sanitation etc. disposed properly				
f)	Disposal of surplus earth, stripping materials, Oily rags and combustible materials done properly				
g)	Green belt protection				

Safety walk-through performer (Name &Signature).....

FORMAT NO. : HSE-2 REV 0

(Sheet 1 of 3)

ACCIDENT REPORT

(To be submitted by Contractor after every Accident within 24 hours to EIL/ Owner)

Report No.: _____ **Date:** _____

Project site: _____ **Name of work:** _____

Contractor's name: _____ Contractor's Job Engineer (name) _____

Non-disabling injury (Non-LTI)	Hospitalized but resumed duty before end of 48 hrsof accident	
Disabling injury (other LTI)	Hospitalized & failed to resume duty within next 48 hrs	
Fatal (LTI):	Death / Expiry	
First Aid case	Resume duty after first aid	

Name of the injured:_____ Father's name of victim: _____

Sub Contractor's Name: .....

Gate Pass No.:.....Age: _____Yrs. Victim's medical fitness exam. (Pre-empl.) date: - _____

Date & time of Accident / Incident: _____

Names of Witnesses: (1_____ (2)_____ (3) _____

Profession of victim:

Bar bender		Carpenter		Meson	
Fitter		Helper		Gas cutter	
Grinder		Welder		Electrician	
Driver		Rigger		M/c.operator	
Engineer		Manager		Other/specify	

Qualification

No formal education		Non-Matriculate		Matriculate	
Graduate		Post- grad		Other/specify	

Job Experience

NIL		Less than 2 yrs		2-5 yrs	
5-10 yrs		11-15 yrs		15 years and above	

Location where the incident happened: _____

_____

FORMAT NO. : HSE-2 REV 0

(Sheet 2 of 3)

Activity / Works that were continuing during incident / accident: -

Excavation		Demolition		Concrete carrying	
Concrete pouring		Transportation of materials (manually)		Transportation of materials (mechanically)	
Work on or adjacent to water		Work at height (+2.0 mts)		Scaffold preparation	
Scaffold dismantling		Piling works		Welding	
Grinding		Gas-cutting		Pipe fit-ups & fabrication	
Structural fabrications		Machine works		Hydro-testing works	
Electrical works		Erection activities		Other/specify	

What exactly the victim was doing just before the incident / accident? .....

.....

.....

Nature of injury:

Bruise or Contusion		Abrasion (superficial wound)		Sprains or strains	
Cut or Laceration		Puncture or Open wound		Burn	
Inhalation of toxic or Poisonous fumes or gases		Absorption		Amputation	
Fracture		Other/specify			

Parts of body involved in incident / accident

Head		Face		Eyes	
Throat		Arm (above wrist)		Hand (including wrist)	
Fingers		Truck (Abdomen / Back / Chest / Shoulder)		Throat	
Leg (above ankle)		Foot (incl. ankle)		Toes	
Multiple				Other/specify	

Accident type:

Struck against		Struck by		Fall from Elevation	
Fall on same level		caught in		caught under	
caught in between		Rubbed or abraded		Contact with (Electricity)	
Contact with (Temp./ extremes)		Contact with chemicals oroils		Vehicle accident	
Other/specify					

FORMAT NO. : HSE-2 REV 0

(Sheet 3 of 3)

Medical Aid provided:-(indicate specific aids / treatment etc.)-

.....

.....

Actions taken to prevent recurrence of similar incident / accident:.....

.....

.....

.....

.....

.....

.....

Intimation to local authorities (Dist. Collector / Local Police Station / ESI authority): Yes / No / NA.

If yes, to whom .....

Safety Officer
(Signature and Name)
Stamp of Contractor

Site Head / Resident Construction Manager
(Signature and Name)

To : Owner
: RCM/Site-in-charge EIL (3 copies)
- Nodal Officer HO through RCM (In case of major accident)
- Divisional Head (Constn) through RCM
- Project Manager, EIL, through RCM

FORMAT NO. : HSE-3 REV 0

(Sheet 1 of 5)

SUPPLEMENTARY ACCIDENT INVESTIGATION REPORT

TICK THE APPROPRIATE ONEAS APPLICABLE (furnish within 72 hours)

Supplementary to Incident / Accident Report No: _____ (Copy enclosed)

Report No.: _____ **Date**: _____

Project site: _____ **Name of work:** _____

Contractor's name: _____ Contractor's Job Engineer (name) _____

Non-disabling injury (Non-LTI **)**	Hospitalized but resumed duty before end of 48 hrs of accident.	
Disabling injury (other LTI**)**	Hospitalized & failed to resume duty within next 48 hrs.	
Fatal (LTI)	Death / Expiry	
First Aid case	Resume duty after first aid	

Name of the injured: _____ Father's name of victim: _____

Sub Contractor's Name: .....

Gate Pass No.:..... Age: _____Yrs. Victim's medical fitness exam. (Pre-empl.) date: - _____

Date & time of Accident / Incident: _____

Names of Witnesses: (1_____ (2)_____ (3) _____

Profession of victim:

Bar bender		Carpenter		Meson	
Fitter		Helper		Gas cutter	
Grinder		Welder		Electrician	
Driver		Rigger		M/c. operator	
Engineer		Manager		Other/specify	

Qualification

No formal education		Non-Matriculate		Matriculate	
Graduate		Post- grad		Other/specify	

Job Experience

NIL		Less than 2 yrs.		2-5 yrs.	
5-10 yrs.		11-15 yrs.		15 years and above	

Location where the incident happened: _____

_____

FORMAT NO. : HSE-3 REV 0

(Sheet 2 of 5)

Activity / Works that were continuing during incident / accident: -

Excavation		Demolition		Concrete carrying	
Concrete pouring		Transportation of materials (manually)		Transportation of materials (mechanically)	
Work on or adjacent to water		Work at height (+2.0 mts)		Scaffold preparation	
Scaffold dismantling		Piling works		Welding	
Grinding		Gas-cutting		Pipe fit-ups & fabrication	
Structural fabrications		Machine works		Hydro-testing works	
Electrical works		Erection activities		Other/specify	

What exactly the victim was doing just before the incident / accident? .....

.....

.....

Particular of tools & tackles being used and condition of the same after incident/accident:

.....

.....

Description of Incident/Accident (How the incident was caused) : .....

.....

.....

.....

Nature of injury:

Bruise or Contusion		Abrasion (superficial wound)		Sprains or strains	
Cut or Laceration		Puncture or Open wound		Burn	
Inhalation of toxic or Poisonous fumes or gases		Absorption		Amputation	
Fracture		Other/specify			

Parts of body involved in incident / accident

Head		Face		Eyes	
Throat		Arm (above wrist)		Hand (including wrist)	
Fingers		Truck (Abdomen / Back / Chest / Shoulder)		Throat	
Leg (above ankle)		Foot (incl. ankle)		Toes	
Multiple				Other/specify	

FORMAT NO. : HSE-3 REV 0

(Sheet 3 of 5)

Accident type:

Struck against		Struck by		Fall from Elevation	
Fall on same level		caught in		caught under	
caught in between		Rubbed or abraded		Contact with (Electricity)	
Contact with (Temp./ extremes)		Contact with chemicals or oils		Vehicle accident	
Other/specify					

Name & Designation of person who provided First-Aid to the victim: _____

Name & Telephone number of Hospital where the victim was treated _____

Mode of transport used for transporting victim – Ambulance / Private car / Tempo / Truck / Others

How much time taken to shift the injured person to Hospital_____

In case of FATAL incident, indicate clearly the BOCW Registration No. of the victim/Company.....
...

Comments of Medical Practitioner, who treated / attended the victim/injured (attached / described here)_____

What actions are taken for investigation of the incident, please indicate clearly – (Video film / Photography / Measurements taken etc. .....)

Immediate cause (Please tick the right applicable) –

Hazardous methods or procedures inadequately guarded		Poor housekeeping		Inadequate or improper PPE	
Environmental hazards (excess noise/ space constraint/ inadequate ventilation		improper illumination/Moving on oval surface		Working on dangerous equipment	

FORMAT NO.: HSE-3 REV 0

(Sheet 4 of 5)

Failure to secure		Horse-play		Failure to use PPE	
Inattention to surroundings		Improper use of hands & body-parts		By-passing safety devices	
Unsafe mixing or placement of tools & tackles		Bypassing standard procedures		Failure in communication	
Operating without authority		Improper use of equipment or tools & tackles		drug or alcoholic influence	
excessive haste		Others(specify)			

Basic cause

Over confidence		Impulsiveness		over-exertion	
Faulty judgement or poor understanding		Failing to keep attention constantly		Nervousness & Fear	
Fatigue		Defective vision		Ill health or sickness	
Slow reaction		Others(specify)			

Root cause

Inadequate Engg.		Improper Design		Inadequate Planning & organization	
Inadequate knowledge		Inadequate skill		Inadequate training	
Inadequate supervision		Improper work procedure		Inadequate compliance with standard	
Substandard performance		Inadequate maintenance		Improper inspection	
Others(specify)					

Loss of man days and impact on site works, (if any) –

Remarks from Contractor's Safety Officer/ Engineer –

Was the victim performing relevant tasks for which he was engaged /employed? Yes / No
Was the Supervisor present on work-site during the incident? Yes / No
Have the causes of incident rightly identified? Yes / No
Cause of Accident was_____

FORMAT NO. : HSE-3 REV 0

(Sheet 5 of 5)

Remedial measures recommended by **Safety Officer of Contractor** for avoiding similar incident in future

: .....

.....

.....

.....

.....

.....

.....

Intimation to local authorities (Dist. Collector / Local Police Station / ESI authority): Yes / No / NA.

If yes, to whom .....

Safety Officer
(Signature and Name)

Site Head / Resident Construction Manager
(Signature and Name)
Stamp of Contractor

To : Owner
: RCM/ Site-in-charge of EIL (3 copies)
Nodal Officer HO through RCM (In case of major accident)
Divisional Head (Constn.) through RCM
Project Manager EIL, through RCM

FORMAT NO. : HSE-4 REV 0

NEAR MISS INCIDENT/ DANGEROUS OCCURRENCE REPORTPROFORMA

(to be submitted within 24 hours)

Report No.: _____

Name of Site: _____ Date: _____

Name of work: _____ Contractor: _____

Incident reported by :

Date & Time of Incident :

Location :

Brief description of incident

Probable cause of incident

Suggested corrective action

Steps taken to avoid recurrence Yes ☐ No ☐

Safety Officer
(Signature and Name)
Stamp of Contractor

Site Head / Resident Construction Manager
(Signature and Name)

Note:

- **Near Miss:** Human injury escaped & no damage to property, equipmentor interruption to work.
- **Dangerous Occurrence**: Occurrences as mentioned below shall be considered as "Dangerous occurrences"

a. collapse or failure of lifting appliances or hoist or conveyors or other similar equipment for handling building or construction material or breakage or failure of rope, chain or loose gears; overturning of cranes used in building or other construction work; falling of objects from height;
b. collapse or subsidence of soil, any wall, floor, gallery, roof or any other part of any structure, platform, staging, scaffolding or any means of access including formwork;
c. collapse of transmission tower;
d. fire and explosion causing damage to property at Construction site.
e. spillage or leakage of hazardous substances and damage to their container;
f. Collapse, capsizing, toppling or collision of transport equipment;
g. Leakage or release of harmful toxic gases at the construction site.

To :Owner
:RCM/Site-in-charge EIL (3 copies)

Divisional Head (Const.) through RCM
Project Manager EIL, through RCM
} (Applicable for Dangerous Occurrence only)

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 basedpackage (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 work ……..Duration 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)

FORMAT NO. : HSE-7 REV 1

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	
☐	☐	Isolated from power/steam/air	☐	☐	water flushed &/or steamed	☐	☐	radiation sources removed
☐	☐	isolated from liquid or gases	☐	☐	Man ways open & ventilated	☐	☐	proper lighting provided
☐	☐	depressurized &/or drained	☐	☐	cont. inert gas flow arranged	☐	☐	
☐	☐	blanked/ blinded/ disconnected	☐	☐	adequately cooled	☐	☐	

(B) Expected Residual Hazards

☐	☐	lack of O_2	☐	☐	combustible gas/ liquid	☐	☐	H_2S / toxic gases
☐	☐	corrosive chemicals	☐	☐	pyrophoric iron / scales	☐	☐	electricity / static
☐	☐	heat/ steam / frost	☐	☐	high humidity	☐	☐	ionizing radiation
☐	☐		☐	☐		☐	☐	

(C) Protection Measures

☐	☐	gloves	☐	☐	ear plug / muff	☐	☐	goggles / face shield
☐	☐	protective clothing	☐	☐	dust / gas / air line mask	☐	☐	personal gas alarm
☐	☐	grounded air duct/blower /AC	☐	☐	attendant with SCBA/air mask	☐	☐	rescue equipment/team
☐	☐	Fire fighting arrangements	☐	☐	safety harness & lifeline	☐	☐	communication equipment
☐	☐		☐	☐		☐	☐	

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 ☐ was closed ☐ stopped ☐ will continue on ...

(B) ☐ Site left in a safe condition ☐ Housekeeping done

(C) Multi lock ☐ removed ☐ key transferred

☐ Ensured all men have come out ☐ Man-ways barricaded

Remarks, if any:

FORMAT NO. : HSE-8 REV 0

RADIATION WORK PERMIT

Project :
Name of the work :
Name of site contractor :

Sr. No. :
Date :
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	☐
	Area cordoned off / safe working platform provided	☐
	Lighting arrangements for working during nights ensured	☐
	Warning signs/ flash lights installed	☐
	Cold work permit taken (if applicable)	☐
	PPEs like film badges, dosimeters used	☐

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 :
Name of the work :
Name of contractor :
Sr.No. :
Date :
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	☐	☐
	Dismantling/ Demolishing method reviewed & approved	☐	☐
	Usage of appropriate PPEs ensured	☐	☐
	Precautions taken for neighboring structures	☐	☐
	First-Aid arrangements made	☐	☐
	Fire fighting arrangements ensured	☐	☐
	Precautions taken for blasting	☐	☐

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

FORMAT NO. : HSE-10 REV 0

DAILY SAFETY CHECKLIST

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

Project :
Name of the work :
Name of contractor :

Sr.No. :
Date :
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

FORMAT NO. : HSE-11 REV 0

(Sheet 1 of 2)

HOUSEKEEPING ASSESSMENT& COMPLIANCE

Project :
Name of the work :
Name of contractor :
Name of contractor : Fortnightly

Sr.No. :
Date :
Job No. :

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,				

FORMAT NO. : HSE-11 REV 0

(Sheet 2 of 2)

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 -

.....

.....

.....

Inspected by
Contractor Engineer

Verification By
Contractor Safety Officer

FORMAT NO. : HSE-12 REV 0

INSPECTION OF TEMPORARY ELECTRICAL BOOTH / INSTALLATION

Project :
Name of the work :
Name of contractor :
Sub Station No:/Booth No

Sr.No. :
Date :
Job 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 3rd 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

FORMAT NO. : HSE-13 REV 0

(Sheet 1 of 2)

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?				

FORMAT NO. : HSE-13 REV 0

(Sheet 2 of 2)

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

FORMAT NO. : HSE-14 REV 1

(sheet 1 of 2)

PERMIT FOR ERECTION / MODIFICATION & DISMANTLING OFSCAFFOLDING

Project :
Name of the work :
Name of contractor :
Nature of activities :

Sr.No. :
Date :
Job No. :
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

FORMAT NO. : HSE-14 REV 1

(sheet 2of 2)

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.								

FORMAT NO. : HSE-15 REV 1

PERMIT FOR HEAVY LIFT/CRITICAL ERECTION

Project :
Name of the work :
Name of contractor :
Nature of activities :
Location of work :
Equipment/Structure to be erected:

Sr. No. :
Date :
Job No. :
Duration: From.....To.....
Name /Type of crane :
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 carne 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 :
Name of the work :
Name of contractor :

Sr.No. :
Date :
Job No. :

ENERGY ISOLATION PERMIT

- Clearance required from:.....Hrs .....Date To .....Hrs ....Date
- Name of equipment/ energy source etc. .....
- Nature of job to be done: .....
- Area.....Location:.....

PERMIT VALIDATION	PERFORMING AUTHORITY
I hereby authorize the .....personnel(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 ☐ 2. Obtain lock, tag or locking/tagging devices ☐ 3. Shut down, de-energize, dissipate any residual energies. ☐ 4. Apply lock ,tag and locking and/or tagging devices ☐ 5. *Any other job specific precautions ☐ 6. Verify effectiveness of lockout by attempting to restart. ☐ 7. Proper PPE is ensured ☐ 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 ☐ 2. Conduct visual inspection to confirm that the danger zone is clear of workers ☐ 3. Conduct visual inspection to confirm that tools ,equipment's danger zone is clear of workers ☐ 4. Reposition the safety devices(interlocks, valves, guards, covers ,sensors, as applicable, etc.) ☐ 5. *Any other job specific normalizing details ☐ 6. Remove lock, tag and locking and/or tagging devices. ☐ 7. Re-energize. ☐ 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 the .....personnel(performer) to de- isolate the above equipment/energy source from all sources of power and handover the equipment/energy source for normal operation.. Issuing authority Client/Contractor RCM (as applicable) Signature: Date: Name:	I hereby certify that the equipment/energy source mentioned above has been de-isolated and is ready for normal operation.(Testing/execution engineer) Signature: Date: Name: Countersigned by Issuing authority

FORMAT NO. : HSE-17 REV 1

PERMIT FOR EXCAVATION (depth 2m and above)

(Sheet 1of 2)

Project :
Name of the work :
Name of contractor :
Job Description :
Size of excavation :

Sr.No. :
Date :
Job No. :
Location:

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 2of 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 1of 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

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 Ex 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

FORMAT NO. : HSE-23 REV 0

Hydraulic Rig Inspection Checklist

Name of Contractor: **Project:**

Name of Work: **Job No:**

Vehicle Identification/Registration No: **Date:**

Sr. No.	Description	Observation	Remarks & Suggestions
1	Control panel is clean & all buttons/switches are clearly visible (no paint over spray, etc.)		
2	All switch & mechanical guards are in good condition and properly installed		
3	All Safety Indicator lights work		
4	Drive controls function properly & accurately labelled (up, down, right, left, forward, back)		
5	Motion alarms are functional		
6	Safety decals are in place and readable		
7	Any defects such as cracked welds, fuel leaks, hydraulic leaks, damaged control cables or wire harness, etc.		
8	Braking devices are operating properly		
9	Winches, pulleys and wire ropes are in good working condition.		
10	Function of interlocks and limit switch		
11	The manufacturer's operations manual (in all languages of the operators)		
12	Oil level, Hydraulic Oil Level, Fuel Level, Coolant Level		
13	Battery Charge		
14	Outriggers in place or functioning. Associated alarms working		
15	Moving & rotating parts guarded		

16	Load chart provided		
17	Fire Extinguisher		
18	Spark Arrestor, if operated by using fuel(For Running Refinery/ Petrochemical/Chemical Plant)		
19	Serial number plate		
20	SLI		
21	TPI Certificate		
22	Colour Coding		
23	Insurance		
24	Pre Medical Check-up& Periodic Medical check-up (every 6 months) including vision test for Operator		
25	Safety Induction for Operator		
26	Others		

Signature & Name of Operator:

Signature & Name of Contractor's Concern Engineer

Signature & Name of Contractor's Safety Officer