



**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	1 of 38	

**1.0 OBJECTIVE:**

To lay down a procedure for safety system.

**2.0 SCOPE:**

This SOP is applicable for operation and inspection of all safety system located at various locations in the premises.

**3.0 RESPONSIBILITY:**

Officer / Executive – EHS

**4.0 ACCOUNTABILITY:**

Head – EHS

**5.0 ABBREVIATIONS:**

EHS            Environment, Health and Safety  
CO<sub>2</sub>           Carbon Di Oxide  
Cm             Centimeter  
Ltd.            Limited  
Pvt.            Private

**6.0 PROCEDURE:**

**6.1** There are four types of safety equipments in the Plant.

**6.1.1** Fire Extinguisher

**6.1.2** Fire Sand Bucket

**6.1.3** Fire Hydrant

**6.1.4** Emergency Exit

**6.2 FIRE EXTINGUISHER:**

**6.2.1** Fire cause major damage to the product as well to the plant and machineries, in some case it may be fatal. It is better to prevent fire by safety practices and not by fire fighting.

**6.2.2** Below mentioned are the details related with different types of Fire Extinguishers to control different types of fire respectively.

A Type	:	Controlling Fire of Wood, Paper, Plastic & Clothes
AB Type	:	Controlling Fire of Oil, Chemicals and Solvents etc.
ABC Type	:	Controlling of all types of Fire.
BC (CO <sub>2</sub> )	:	Controlling Fire of Liquid, Gas & Electrical Appliances etc.



**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS
		<b>Effective Date:</b>	
<b>Revision No.:</b>		<b>Revision Date:</b>	
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	2 of 38

BC (DCP) : Controlling Fire of Metal, Liquid, Gas, Electrical Appliances

**6.2.3** For the control of small type of fire, different fire extinguishers are installed at strategic locations.

**6.2.4** Update the status label as per **Annexure – XI** on the monthly basis.

**6.2.5 WATER TYPE FIRE EXTINGUISHER (A):**

**6.2.5.1** It is useful for the total fire protection against fire in wood, paper, plastic & cloth etc.

**6.2.5.2 OPERATING :**

**6.2.5.2.1** Lift the Fire Extinguisher from its stand / clamp / specified Location.

**6.2.5.2.2** Bring it near the base of fire.

**6.2.5.2.3** Remove its safety pin, Press Plunger down hard.

**6.2.5.2.4** Spray the water at the base of the fire.

**6.2.5.2.5** After complete / partly discharge the extinguisher must be refilled.

**6.2.5.2.6** CO<sub>2</sub> gas cartridge of Fire Extinguishers must be checked monthly, if the weight of cartridge is reduced by 10% then it must be refilled.

**6.2.6 AQUEOUS FILM FORMING FOAM TYPE (AB):**

**6.2.6.1** It is useful for the total fire protection against fire risks like fire in chemical solvents, diesel, petrol, oil, kerosene, paint etc.

**6.2.6.2 OPERATING :**

**6.2.6.2.1** Lift the fire extinguisher from its stand / clamp / specified Location.

**6.2.6.2.2** Bring it near the base of fire.

**6.2.6.2.3** Remove its safety clip.

**6.2.6.2.4** Press plunger down hard and Spray the foam of Fire Extinguishers over fire.

**6.2.6.2.5** After complete / partly discharge the extinguisher must be refilled.



**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	3 of 38	

**6.2.6.2.6** CO<sub>2</sub> gas cartridge of Fire Extinguishers must be checked monthly, if the weight of the cartridge is reduced by 10% then it must be refilled.

**6.2.7 POWDER TYPE (ABC):**

**6.2.7.1** It is useful for the total fire protection against all type fire risks like:

**6.2.7.1.1** Fire in electrical appliances.

**6.2.7.1.2** Fire in wood, paper, cloth etc.

**6.2.7.1.3** Fire in Chemical Solvents, Diesel, Petrol, Oil, kerosene, Paint etc.

**6.2.7.1.4** LPG gas etc.

**6.2.7.2 OPERATING :**

**6.2.7.2.1** Lift the Fire Extinguisher from its stand / clamp / specified Location.

**6.2.7.2.2** Bring it near the base of fire.

**6.2.7.2.3** Remove its Safety pin.

**6.2.7.2.4** Squeeze the lever and spray the dry powder at the base of the Fire.

**6.2.7.2.5** After complete / partly discharge the Extinguisher must be refilled.

**6.2.7.2.6** Pressure Gauge of Fire Extinguisher must be checked daily. It should be ensured that needle is in "green zone". If it comes to "red zone" it must be refilled.

**6.2.8 BC TYPE FIRE EXTINGUISHER (CO<sub>2</sub>):**

**6.2.8.1** It is useful for the Total Fire Protection against following:

**6.2.8.1.1** Liquid, Gases & Electrical Appliances.

**6.2.8.2 OPERATING :**

**6.2.8.2.1** Lift the Fire Extinguisher from its stand / clamp / specified Location.

**6.2.8.2.2** Bring it near the base of fire.

**6.2.8.2.3** Remove its safety pin, open its wheel in anticlockwise direction.



**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS
		<b>Effective Date:</b>	
<b>Revision No.:</b>		<b>Revision Date:</b>	
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	4 of 38

**6.2.8.2.4** At the time of Opening there is some unpleasant sound. Don't be panic. It is normal sound of this Fire extinguisher.

**6.2.8.2.5** Spray the CO<sub>2</sub> Gas over the Fire.

**6.2.8.2.6** After complete / partly discharge the extinguisher must be refilled.

**6.2.8.2.7** Gross Weight, Empty Weight and Current Weight should be checked monthly, if the gross weight of Fire Extinguisher is reduced by 10% then it must be refilled.

**6.2.9 BC/DCP TYPE FIRE EXTINGUISHERS (DRY CHEMICAL POWDER):**

**6.2.9.1** It is useful for the Total Fire Protection against following:

**6.2.9.1.1** Fire in Metal, Liquid, Gas, Electrical Appliances etc.

**6.2.9.2 OPERATING :**

**6.2.9.2.1** Lift the Fire Extinguisher from its stand / clamp / specified Location.

**6.2.9.2.2** Bring it near the base of fire.

**6.2.9.2.3** Remove its safety pin, Press Plunger down hard.

**6.2.9.2.4** Spray the powder at the base of the fire.

**6.2.9.2.5** After complete / partly discharge the extinguisher must be refilled.

**6.2.9.2.6** CO<sub>2</sub> gas cartridge of Fire Extinguishers must be checked monthly, if the gross weight of cartridge is reduced by 10% then it must be refilled.

**6.2.10 VALIDITY / EXPIRY:**

Type	New Fire Extinguisher	Refilled Fire Extinguisher	Life Span
ABC	3 Years	1 Year	10 Years
BC (CO <sub>2</sub> )	5 Years	1 Year	15 Years
A	5 Years	1 Year	10 Years
BC (DCP)	3 Years	1 Year	10 Years
AB(MECHANICAL FOAM)	5 Years	1 Year	10 Years
CLEAN AGENT	5 Years	5 Year	10 Years

**6.2.11** Officer / Executive EHS shall prepare a Fire Extinguisher list as per **Annexure-I**.



**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS
		<b>Effective Date:</b>	
<b>Revision No.:</b>		<b>Revision Date:</b>	
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	5 of 38

**6.2.12** Officer / Executive EHS shall inspect the Fire Extinguisher daily (as per **Annexure-II**) and monthly (as per **Annexure-III**).

**6.3 FIRE SAND BUCKET:**

**6.3.1** Officer / Executive EHS shall prepare a Fire Sand Bucket list as per **Annexure-IV** and inspect the Fire Sand Bucket as per **Annexure-V**.

**6.4 FIRE HYDRANT SYSTEM:**

**6.4.1** This procedure covers operation of Fire Hydrant System and basic need of periodic inspection of water supply, pump, water mains, control valves, hydrant/fixed monitors, hoses, nozzles, hose boxes and its keys

**6.4.2** Officer / Executive EHS shall prepare and update whenever required the list of Fire Hydrant & Hose Reels As per **Annexure XXIII & XXIV**.

**6.4.3** Officer / Executive EHS shall Check diesel engine Pump daily and maintain the format as per **Annexure-XIII**.

**6.4.4** Officer / Executive EHS shall Check Water Tank Monthly and maintain the format as per **Annexure- XIV**.

**6.4.5** Officer / Executive EHS shall check and inspect Hose Box as per **Annexure XVIII**.

**6.4.6** Officer / Executive EHS shall check and inspect Hose Reel as per **Annexure XIX**.

**6.4.7 OPERATION :**

**6.4.7.1** Open the hose box with its key.

**6.4.7.2** Take out nozzle by breaking the glass through hammer and hose pipe from hose box.

**6.4.7.3** Spread the hose pipe by revolving its lug then fit the nozzle in the female coupling of the hose pipe in the hydrant post.

**6.4.7.4** Open the valve of hydrant post and spray the water on the target.

**6.4.7.5** 6.0 kg/cm<sup>2</sup> pressure is maintained all the time in the pipe line. As soon as we open the valve of hydrant post jockey pump will start.

**6.4.7.6** When pressure goes down up to 4.0kg/ cm<sup>2</sup> the main pump will start, in case of power failure / cut off use Diesel pump to maintain the water pressure.



**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	6 of 38	

**6.4.7.7** After use Hoses and Nozzles should be properly dried before keeping it in its fixed place.

**6.4.7.8** After completion of job, the pumps will be kept in auto mode again.

**6.4.7.9** Officer / Executive EHS shall inspect the Fire Hydrant System as per **Annexure-VI** and inspect the Fire Hydrant Pump as per **Annexure-VII** on the monthly basis.

**6.4.7.10** Update the status label as per **Annexure – XII** on the monthly basis.

**6.5 EMERGENCY EXIT:**

**6.5.1** In case of major fire in the plant premises, all the persons shall be evacuated from the plant through the Emergency Exit in different locations as per **Annexure XXII** -and assembled at Specified Area outside the plant called Assembly Point.

**6.5.2** Officer / Executive EHS shall mark the way towards area for assembling in emergency condition.

**6.5.3** Officer / Executive EHS shall ensure the key for the lock of Emergency Exit is available.

**6.5.4** Officer / Executive EHS shall inspect the Emergency Exit on monthly basis as per **Annexure-VIII**.

**6.6 FIRE BRIGADE:**

**6.6.1** Call the fire brigade (Tel. No. 101) if the fire is out of control.

**6.6.2** Officer / Executive EHS shall prepare a safety team individual department wise as per **Annexure-IX**.

**6.7 NUMBERING SYSTEM FOR ON SITE EMERGENCY PLAN:**

On Site Emergency Plan shall bear a specific number as below:

**OEP/NNN-AA**

Where,

OEP	:	On Site Emergency Plan
/	:	Indicates Separator
NNN	:	Indicates Serial Number for OEP (001, 002, 003, ....., etc )
-	:	Indicates Separator
AA	:	Indicates Revision Status (00, 01, 02, 03.....etc.)



**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS
		<b>Effective Date:</b>	
<b>Revision No.:</b>		<b>Revision Date:</b>	
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	7 of 38

**6.8 OTHER SAFETY CONTROLS IN VARIOUS DEPARTMENTS**

**6.8.1** For detailed safety precautions/controls in various departments refer respective department SOP.

**6.9 SAFETY COMMITTEE MEETING:**

**6.9.1** Safety committee has been established for the purpose of reviewing matters related to Safety in plant premises. The Safety committee meeting shall be conducted in once in a three month or as whenever required and minutes shall be communicated to all department heads for necessary action.

**6.9.2** The details of safety committee meeting shall be as per annexure **XV, XVI & XVII.**

**7.0 ANNEXURES:**

<b>ANNEXURE No.</b>	<b>TITLE OF ANNEXURE</b>	<b>FORMAT No.</b>
Annexure-I	Fire Extinguisher List	
Annexure-II	Fire Extinguisher Daily Inspection Report Card	
Annexure-III	Fire Extinguisher Monthly Checking Report Card	
Annexure-IV	Fire Sand Bucket List	
Annexure-V	Fire Sand Bucket Monthly Inspection Report Card	
Annexure-VI	Fire Hydrant System Monthly Inspection Report Card	
Annexure-VII	Fire Hydrant Pump Monthly Inspection Report Card	
Annexure-VIII	Emergency Exit Monthly Inspection Report Card	
Annexure-IX	Safety Team	
Annexure-X	On Site Emergency Plan	
Annexure- XI	Status label Fire extinguisher	
Annexure- XII	Status label Fire Hydrant	
Annexure - XIII	Daily Check List for Diesel Pump	
Annexure - XIV	Checklist of Fire Water Tank	
Annexure - XV	Safety Committee member	
Annexure –XVI	Safety Committee Meeting Attendance Sheet	
Annexure –XVII	Minutes of Meeting of Safety Committee	
Annexure –XVIII	Hose Box Checking Slip	
Annexure - XIX	Hose Reel Checking Slip	
Annexure – XX	Fire Sand Bucket Checking Slip	
Annexure - XXI	List of Personal Protective Equipment	
Annexure –XXII	List of Emergency Exit	
Annexure – XXIII	List of Hydrant Points	
Annexure – XXIV	List of Hose Reels	

**ENCLOSURE:** SOP Training Record



# PHARMA DEVILS

ENVIRONMENT HEALTH SAFETY DEPARTMENT

## STANDARD OPERATING PROCEDURE

Title: Safety System

SOP No.:		Department:	EHS	
		Effective Date:		
Revision No.:		Revision Date:		
Supersede Revision No.:		Page No.:	8 of 38	

### 8.0 DISTRIBUTION:

- Controlled Copy No. 01 Quality Assurance
- Controlled Copy No. 02 Environment, Health & Safety
- Master Copy Quality Assurance

### 9.0 REFERENCES:

In-House

### 10.0 REVISION HISTORY:

#### CHANGE HISTORY LOG

Revision No.	Change Control No.	Details of Changes	Reason for Change	Effective Date	Updated By







**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>	<b>Department:</b> EHS
<b>Revision No.:</b>	<b>Effective Date:</b>
<b>Supersede Revision No.:</b>	<b>Revision Date:</b>
	<b>Page No.:</b> 10 of 38

**ANNEXURE – II**  
**FIRE EXTINGUISHER DAILY INSPECTION REPORT CARD**

**BLOCK:** \_\_\_\_\_ **MONTH:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

S.No.	Date →																																	Do ne By	Checked By		
	ID No of Fire Extinguisher	check Point	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
	I																																				
	II																																				
	III																																				
	IV																																				
	V																																				

**Note-** If observation complies mark (√) in specified column. If observation does not comply mark (X) in specified column.

Daily area checking points of fire extinguishers:-  
 (I) Location in designated place. (II) Safety seal & pressure indicator not broken or missing. (III) Are expiry date & weight mentioned at cylinder. (IV) Status of condition of hose & nozzle. (V) Check pressure in gauge, needle should be in green zone if it comes to red zone (send for recharging).







**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	13 of 38	

**ANNEXURE – IV  
FIRE SAND BUCKET LIST**

**BLOCK / AREA:**

S.No.	Type of Fire Sand Bucket	Fire Sand Bucket ID No.	Location	Capacity	Remarks

	<b>Prepared By Operating Executive</b>	<b>Checked By Operating Manager</b>	<b>Approved By Head QA</b>
<b>Sign</b>			
<b>Date</b>			
<b>Name</b>			







# PHARMA DEVILS

ENVIRONMENT HEALTH SAFETY DEPARTMENT

## STANDARD OPERATING PROCEDURE

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS
		<b>Effective Date:</b>	
<b>Revision No.:</b>		<b>Revision Date:</b>	
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	16 of 38

12	Signature of inspecting officer										
13	Schedule : Second week of every month										
14	Frequency : Once in a month										







# PHARMA DEVILS

ENVIRONMENT HEALTH SAFETY DEPARTMENT

## STANDARD OPERATING PROCEDURE

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	18 of 38	

14	Remarks												
15	Signature of inspecting officer												
16	Schedule : Second week of every month												
17	Frequency : Once in a month												





**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	20 of 38	

**ANNEXURE – IX**  
**SAFETY TEAM**

	<b>A Team</b>		<b>B Team</b>
<b>Commander</b>			
<b>Evacuator</b>			
<b>Collector</b>			
<b>Fire Fighting Team</b>	Staff		
<b>Medical Team</b>			



**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	21 of 38	

**ANNEXURE – X**

<b>Document No. :</b>	<b>ON-SITE EMERGENCY PLAN</b>	<b>Effective Date :</b>
<b>Revision No. :</b>		<b>Revision Date :</b>
		<b>Page No. :</b>

**ON-SITE  
EMERGENCY PLAN**



**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	22 of 38	

**APPROVAL & AUTHORIZATION**

This safety Document “**ON-SITE EMERGENCY PLAN**” elaborates the Site, and describes the Manufacturing Facility and Quality Management System & Environment Management System being followed in all the relevant areas.

**PREPARED BY:**

DESIGNATION	NAME	SIGNATURE	DATE
<b>OFFICER/EXECUTIVE (EHS)</b>			

**REVIEWED BY:**

DESIGNATION	NAME	SIGNATURE	DATE
<b>OPERATING MANAGER (EHS)</b>			
<b>HEAD (QUALITY CONTROL)</b>			
<b>HEAD (ENGINEERING)</b>			

**APPROVED BY:**

DESIGNATION	NAME	SIGNATURE	DATE
<b>HEAD (OPERATIONS)</b>			



# PHARMA DEVILS

ENVIRONMENT HEALTH SAFETY DEPARTMENT

## STANDARD OPERATING PROCEDURE

Title: Safety System

SOP No.:		Department:	EHS	
		Effective Date:		
Revision No.:		Revision Date:		
Supersede Revision No.:		Page No.:	23 of 38	

--

Document No. :	ON-SITE EMERGENCY PLAN	Effective Date :
Revision No. :		Revision Date :
		Page No. :

### INDEX

Chapter	Description	Page No.

NA	APPENDIX



**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	24 of 38	

**ON-SITE EMERGENCY PLAN**

- 1.0 SAFETY POLICY**
- 1.0 DESCRIPTION OF THE PLANT**
- 2.0 GENERAL RESPONSIBILITIES**
- 3.0 SYSTEMS AVAILABLE FOR CONTROLLING EMERGENCY SITUATION**
- 4.0 ORGANISATION AND PROCEDURE TO HANDLE EMERGENCY**
- 5.0 KEY PERSONNEL AND THEIR RESPONSIBILITIES**
- 6.0 GENERAL INSTRUCTIONS TO EMPLOYEES**
- 7.0 AFTER NORMAL WORKING HOURS AND HOLIDAYS**
- 8.0 FOLLOW UP ACTIONS TO BE TAKEN AFTER THE SITUATION IS BROUGHT UNDER CONTROL**
- 9.0 EXTERNAL EMERGENCY SERVICES**
- 10.0 CONCLUSION**

**CHANGE HISTORY LOG**

<b>Revision No.</b>	<b>Change Control No.</b>	<b>Details of Changes</b>	<b>Reason for Change</b>	<b>Effective Date</b>	<b>Updated By</b>





**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	25 of 38	

**ANNEXURE – XI**

<b>STATUS LABEL FIRE HYDRANT</b>	
<b>EQUIPMENT NAME:</b>	<b>ID. NO.:</b>
<b>BLOCK :</b>	<b>LOCATION:</b>
<b>INTERNAL INSPECTION DATE :</b>	
<b>INSPECTION DUE DATE :</b>	
<b>OFFICER SAFETY</b>	

**ANNEXURE – XII**

<b>STATUS LABEL FIRE EXTINGUISHER</b>	
<b>EQUIPMENT NAME :</b>	<b>ID No.:</b>
<b>BLOCK :</b>	<b>LOCATION :</b>
<b>TYPE :</b>	<b>CAPACITY :</b>
<b>REFILL DATE :</b>	<b>EXPIRY DATE:</b>
<b>INTERNAL INSPECTION DATE :</b>	
<b>INSPECTION DUE DATE :</b>	







**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	28 of 38	

**ANNEXURE – XIV**  
**CHECKLIST OF FIRE WATER TANK**

**MONTH:**

**YEAR:**

Checking		Checked By		Fire Pump running time if started			Filling		Filled By		Verified By	
Date	Time	Name	Sign	Pump Name	Start	Stop	Date	Time		Name		Sign
								Start	Stop			

*Note: - Water Level in Tank should be always kept below the Red Line.*



# PHARMA DEVILS

ENVIRONMENT HEALTH SAFETY DEPARTMENT

## STANDARD OPERATING PROCEDURE

Title: Safety System

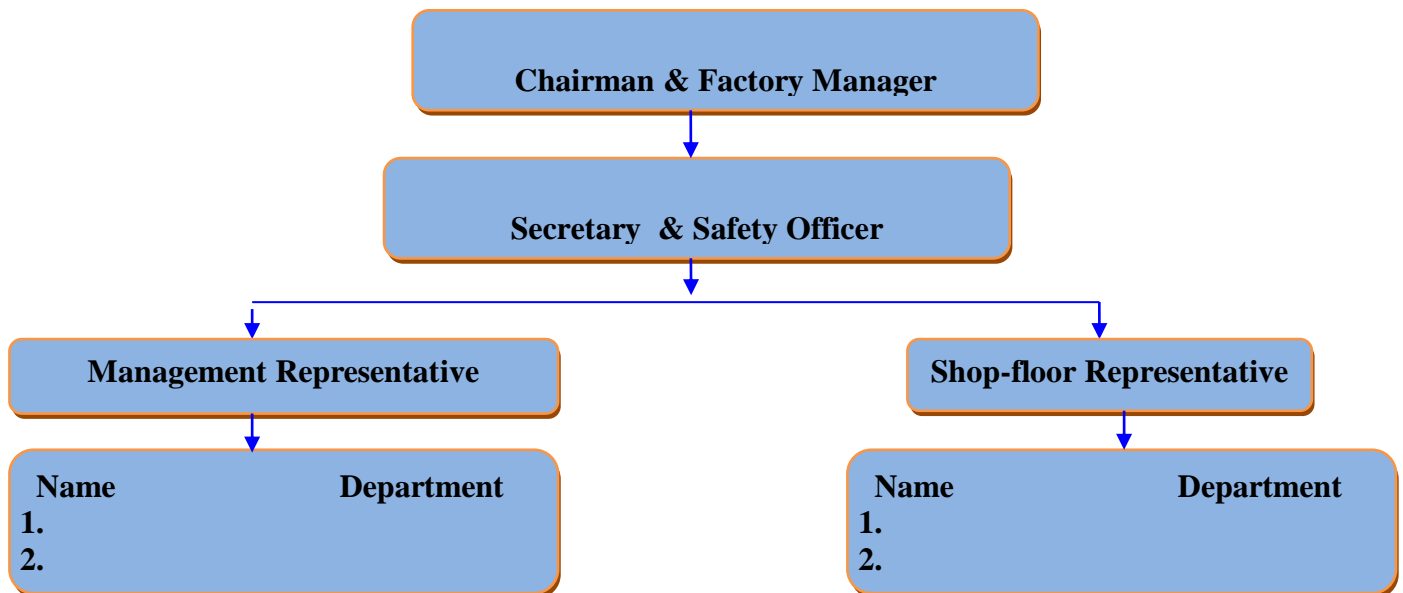
SOP No.:		Department:	EHS	
		Effective Date:		
Revision No.:		Revision Date:		
Supersede Revision No.:		Page No.:	29 of 38	

### ANNEXURE – XV SAFETY COMMITTEE MEMBER

Dated:

Tenure: 2 Years

Modified on:



Secretary  
Sign & Date

Chairman  
Sign & Date





**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	31 of 38	

**ANNEXURE – XVII**  
**MINUTES OF MEETING OF SAFETY COMMITTEE**

**Date:**

**Venue:**

<b>Members Present</b>	<b>Members Absent</b>

<b>S.No.</b>	<b>Issue Discussed</b>	<b>Suggested By</b>	<b>Responsibility</b>	<b>Action Plan</b>	<b>TCD</b>	<b>Status</b>
<b>Issues Discussed</b>						
<b>New Issues Discussed</b>						



**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	32 of 38	

**ANNEXURE – XVIII**  
**HOSE BOX CHECKING SLIP**

Hose Box No. : \_\_\_\_\_

Location : \_\_\_\_\_

Done Date : \_\_\_\_\_

Due Date: \_\_\_\_\_

**Checked By:**  
**Safety Officer**





**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	33 of 38	

**ANNEXURE – XIX**  
**HOSE REEL CHECKING SLIP**

Hose Box No. : \_\_\_\_\_

Location : \_\_\_\_\_

Done Date : \_\_\_\_\_

Due Date: \_\_\_\_\_

**Checked By:**  
**Safety Officer**



**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	34 of 38	

**ANNEXURE – XX**  
**FIRE SAND BUCKET CHECKING SLIP**

Fire Sand Bucket No. : \_\_\_\_\_

Location : \_\_\_\_\_

Done Date : \_\_\_\_\_

Due Date: \_\_\_\_\_

**Checked By:**  
**Safety Officer**



**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	35 of 38	

**ANNEXURE – XXI**  
**LIST OF PERSONAL PROTECTIVE EQUIPMENT**

<b>S.No.</b>	<b>Name of Equipment</b>	<b>Use</b>	<b>Remark</b>

	<b>Prepared By Operating Executive</b>	<b>Checked By Operating Manager</b>	<b>Approved By Head QA</b>
<b>Sign</b>			
<b>Date</b>			
<b>Name</b>			



**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	36 of 38	

**ANNEXURE – XXII**  
**LIST OF EMERGENCY EXIT**

<b>S.No.</b>	<b>Emergency Exit ID No.</b>	<b>Location</b>	<b>Out Side Opening</b>	<b>Door Status</b>

	<b>Prepared By</b> Operating Executive	<b>Checked By</b> Operating Manager	<b>Approved By</b> Head QA
<b>Sign</b>			
<b>Date</b>			
<b>Name</b>			



**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS
		<b>Effective Date:</b>	
<b>Revision No.:</b>		<b>Revision Date:</b>	
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	37 of 38

**ANNEXURE – XXIII  
LIST OF HYDRANT POINTS**

S.No.	Identification No.	Location	Remarks

	<b>Prepared By Operating Executive</b>	<b>Checked By Operating Manager</b>	<b>Approved By Head QA</b>
<b>Sign</b>			
<b>Date</b>			
<b>Name</b>			



**PHARMA DEVILS**  
ENVIRONMENT HEALTH SAFETY DEPARTMENT

**STANDARD OPERATING PROCEDURE**

**Title:** Safety System

<b>SOP No.:</b>		<b>Department:</b>	EHS	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	38 of 38	

**ANNEXURE – XXIV**  
**LIST OF HOSE REELS**

<b>S.No</b>	<b>Identification No.</b>	<b>Location</b>	<b>Remarks</b>

	<b>Prepared By</b> <b>Operating Executive</b>	<b>Checked By</b> <b>Operating Manager</b>	<b>Approved By</b> <b>Head QA</b>
<b>Sign</b>			
<b>Date</b>			
<b>Name</b>			