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| <p>To be filled before starting the work and first copy to be available at work site with performer (internal / external), the second copy to be submitted to security post, & third copy shall be retained in the book itself.</p> <p>Note: 1. Under no circumstances permitted work should be carried out after the close time of the work permit. 2. Permit should be returned to the initiator by performer & thereafter submitted to EHS Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with EHS Coordinator.</p> | Doc. No: {DocNo} |
| | Rev No: {RevNo} |
| | Rev Date: {RevDate} |

TTK Prestige
LIMITED

Cold Work, Confined Space Entry, Electrical Work, Excavation Work, Height Work, Hot Work, Roof Work Permit

| Permit No. | Date | Time (Max 8 hrs or end of the shift) | Work Performing Department | Location of Work |
|-------------------------|-------------------------|------------------------------------------------------------|----------------------------|------------------|
| WP/TTK/COI/CWW/25/00002 | 17-Sep-2025 08:54:54 PM | From 17-Sep-2025 08:51:00 PM To 18-Sep-2025 03:30:00 AM | Maintenance | NA |

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| Work Description: | |
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1. Hazards Identified

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|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| Presence of Toxic Gas Fumes <input type="checkbox"/> | Sharp Edges <input type="checkbox"/> | Poor Lighting <input type="checkbox"/> | Combustible Materials Nearby <input type="checkbox"/> |
| Work near Over Head Electrical Line <input type="checkbox"/> | Presence of Flammable Gas <input type="checkbox"/> | Tripp Hazard <input type="checkbox"/> | Static Electricity <input type="checkbox"/> |
| Flammable Materials Nearby <input type="checkbox"/> | Improper Access <input type="checkbox"/> | Unguarded Opening <input type="checkbox"/> | Slip Hazard <input type="checkbox"/> |
| Steam <input type="checkbox"/> | Oil Spillage Observed <input type="checkbox"/> | Moving / Running Machinery <input type="checkbox"/> | Confined Space <input type="checkbox"/> |
| Excavation Collapse <input type="checkbox"/> | Vibration <input type="checkbox"/> | Height Work <input type="checkbox"/> | Work on Fragile Roofs <input type="checkbox"/> |
| Mechanical / Electrical Spark <input type="checkbox"/> | Noise <input type="checkbox"/> | Pressurized Line <input type="checkbox"/> | Other Hazard(s): NA |

2. Control Measures

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|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Has the equipment mechanically locked to avoid rotation?: No | Has the insulation of electrical equipment been checked before the work start?: No | Have all the hand tools inspected & green tag provided?: No | Have all flammable or combustible material been removed from work site (at least 3 meters away)?: No |
| Has proper ventilation & lighting provided?: No | Is Fire blanket required & provided?: No | Is fire hydrant & fire water pump system in operation: No | Is a fire extinguisher available and ready?: No |
| Is gas monitoring carrying for hot work carrying in flammable storage area?: No | Has a fire watch person been assigned while performing hot work? Name.....: No | If sparks fall to lower levels, has adequate protection been provided?: No | Has the work and adjacent areas been isolated with warning tapes and barricades.: No |
| Flashback arrestor provided on nozzle torch as well as on cylinder regulator: No | Monitor the Hot work area after completing of the work for 1 Hr Name..... Time.....: No | Is the people planned for hot work is well experience & trained: No | Is general safety induction given to the people working in hot work area: No |
| Is the adequate PPEs listed in Section 3 is available with the work crew: No | If any of the above criteria required is not met, then do not issue the work permit.: NA | | |

3. Safety Equipment Requirement & PPE to be used

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|---------------------------------------------|----------------------------------------------------|-------------------------------------------------------|------------------------------------------------|
| Safety Glasses <input type="checkbox"/> | Nose Mask / Respirators <input type="checkbox"/> | Safety Harness / Lifeline <input type="checkbox"/> | Fire Extinguisher No. <input type="checkbox"/> |
| Safety Shoes <input type="checkbox"/> | Hand Gloves <input type="checkbox"/> | Ear Plug/ Muff <input type="checkbox"/> | Scaffolds & Ladders <input type="checkbox"/> |
| LOTO <input type="checkbox"/> | Barricades &Warning Signs <input type="checkbox"/> | Face Shield / Welding Goggle <input type="checkbox"/> | Helmet <input type="checkbox"/> |
| Forced Ventilation <input type="checkbox"/> | Apron <input type="checkbox"/> | Any Other: <input type="checkbox"/> | LOTO Tag Reference No.: NA |

First sectionCheckbox ☐

{PermitAuthorizers}

Work Permit Authorization**Cross Referred Permits** – To be filled by Initiator
(Other type of Work Permits for Same Work)Permit Type:
Permit No.:Permit Type:
Permit No.:Permit Type:
Permit No.:**Permit Acceptance**

I have been explained the contents of this permit. I shall be responsible to supervise the job as mention in permit. I will assure you to follow all the safety precautions including uses of required PPE's as per plant guideline.

Name & Sign of the Job Performer / Contractor's Supervisor :**Name & Sign of the Permit Initiator:****Work Crew Tool Box Talk (Attached Separate sheet if require)**

| S. No. | Name of Person Engaged in Activity | Job Profile | Signature | Name of Person Engaged in Activity | Job Profile | Signature |
|--------|------------------------------------|-------------|-----------|------------------------------------|-------------|-----------|
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Contractual employees covered by ESI or any other policy - Yes / NO (HR Head & Plant Head approval is required if mentioned as NO) – Both Signatures: _____ / _____

{PermitExtension}

Work Permit Extension**Permit Extension to the Next Shift - No Extension for Roof Work, Confined Space activity after 6 pm**

Should the permit be extended the affected / next operating shift will be fully informed about all the conditions stated on the permit, hazards associated with control measures and ensured that it is safe for the work to the period stated, provided they are followed and maintained throughout the extended period

| Work Permit Extension for next shift (Mention Date & Time For Extension) | Permit Initiator | Job Performer | Permit Hand Over By (During Shift Hand Over) Name of the Initiator | Permit Take Over By (During Shift Hand Over) Name of the Initiator |
|--------------------------------------------------------------------------|------------------|---------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
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Work Permit Closure

Work completed & Housekeeping done (To be filled by under whom supervision work was done) YES / NO

Permit handed over to the EHS Coordinator by initiator after completion of the job & below mentioned details to be filled by initiator.

Name..... Dept..... Time..... Sign.....

Note: This permit to be kept at job site. Work can not be done with rejected permit or without permit & work shall be immediately stop after permit rejection.