(internal retained	external), the se in the book itself.	cond copy to b	e submitted t	o security post, &	k site with performer third copy shall be	Doc. No: {DocNo} Rev No: {RevNo} Rev Date: {RevDate}
2. Permit s 3. Safe w	hould be returned to	the initiator by p	erformer & ther	reafter submitted to E	re of the work permit. S Coordinator. egister shall be available	
	LII	м г	T E	D —		

			Roof Wo	rk Permit				
Permit No.		Date	Time (Max 8 hrs or end of the s		Work Pe	rforming Departme	nt Location of Work	
WP/TTK/COI/I	RWW/25/00009	17-Sep-2025 10:21:55 PM	From 18-Sep-2025 10:30:00 PM To 19-Sep-2025 11:30:00 PM		Maintenai	nce	NA	
Work Descrip	otion:							
First section								
Checkbox								
1. Hazards Id	lentified							
Sharp Edges	Sharp Edges							
2. Control Mo	easures							
Has proper ver	ntilation & lighting	g provided?: No						
{PermitAuthor	rizers}							
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 Accep	otance							
		ents of this permit. I shall be es of required PPE's as per p		supervise the job	as mention in	permit. I will assure	you to follow all the	
Name & Sign	of the Job Peri	former / Contractor's Super	rvisor:	Name & Sign	of the Permit	Initiator:		
Work Crew T	ool Box Talk (A	ttached Separate sheet if	require)					
S. No.	Name of Perso Engaged in Activity	on Job Profile	Signature	Name Engag Activit		Job Profile	Signature	

Work Crew	v Tool Box Talk (Attacl	ned Separate shee	t if require)			
S. No.	Name of Person Engaged in Activity	Job Profile	Signature	Name of Person Engaged in Activity	Job Profile	Signature
Contractua		by ESI or any othe	r policy - Yes / NO (H	IR Head & Plant Head ap	proval is required	if mentioned as NO) -

Both Signatures: _

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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 oper associated with control measures and ensured that it is sa		eriod stated, provided tl			
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	

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
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.