

## Work Permit Report - (Work Permit UID - WP/TTK/COI/HWW/25/00001)

### Work Permit Information

Work Permit UID	WP/TTK/COI/HWW/25/00001	Category Name	Height Work
Description		Status	NA
Site Name	Coimbatore	Department Name	Stores
Location	NA	Initiated By	Lalit Aditya Kola
Start Date & Time	18-Sep-2025 03:30:00 AM	End Date & Time	18-Sep-2025 11:30:00 AM
Created On	18-Sep-2025 12:05:36 AM	Due Date	18-Sep-2025 12:00:00 AM
Contractor	NA	Shift	NA

### Sections

#### Standalone Checks

Location of work: Tower 1	Description of work: Work permit for constuction work
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#### 1. Hazards Identified

Presence of Toxic Gas Fumes <input checked="" type="checkbox"/>	Sharp Edges <input type="checkbox"/>	Poor Lighting <input type="checkbox"/>	Height Work (Above 2 Meter.) <input checked="" type="checkbox"/>
Work near Over Head Electrical Line <input type="checkbox"/>	Combustible Materials Nearby <input type="checkbox"/>	Trip Hazard <input checked="" type="checkbox"/>	Static Electricity <input type="checkbox"/>
Work on Fragile Roofs <input type="checkbox"/>	Improper Access to reach height <input checked="" type="checkbox"/>	Work near sharp edges in ground level <input type="checkbox"/>	Slip Hazard <input type="checkbox"/>
Steam <input type="checkbox"/>	Work on Standing Ladder <input type="checkbox"/>	Work on Moving Machinery <input type="checkbox"/>	Confined Space <input type="checkbox"/>
Excavation Collapse <input type="checkbox"/>	Oil Spillage Observed <input type="checkbox"/>	Work on Scaffolding <input type="checkbox"/>	Unguarded Opening <input type="checkbox"/>
Mechanical / Electrical Sparks <input type="checkbox"/>	Noise / Vibration <input type="checkbox"/>	Pressurized Line <input type="checkbox"/>	Other Hazards:: NA

#### 2. Control Measures

Is all hand tools & equipment's inspected & tag provided?: <b>No</b>	If Work is to be carried on fragile roof then life line provided to prevent a fall: <b>No</b>	Use of full body harness with life line and provision available to anchor life line and lanyard of harness: <b>No</b>	Proper access / Ladder is to be provided to reach at work place and use safety belt with life line: <b>No</b>
Proper staging, platform and handrails provided (Top rail, Mid rail & Toe guard) provided: <b>No</b>	Precaution should be taken to avoid falling of tools from height: <b>No</b>	Caution board indicating "MEN AT WORK" displayed and barricading provided: <b>No</b>	Disconnected any electrical equipment with in proximity of working at height before startup of work: <b>No</b>
Persons / Certified rigger medically fit and sufficiently trained: <b>No</b>	No overhead electrical cables above the working platform: <b>No</b>	If scaffold used, Checked the condition of scaffolding & found satisfactory: <b>No</b>	Any other source of potential hazard identified (Fire, Explosion, Fumes, Electrical leakages, Slippery surface); Whether source of hazard removed: <b>No</b>
For electrical height work, is FRP ladder available: <b>No</b>	Is stand by person available to hold the ladder Name: _____: <b>No</b>	Is ladder placing in 75 deg angle?: <b>No</b>	Is ladder inspected, physical condition is good & certified with green tag?: <b>No</b>
Is nearby vehicle movement are eliminated & barricaded?: <b>No</b>	For roof work, Is Job Safety Analysis was conducted & approved by Central HSE Head? – Mandatory for Roof Work: <b>No</b>	Stop the work during rain, heavy wind & any other abnormal environment: <b>No</b>	<b>If any of the above criteria required is not met, then do not issue the work permit.: NA</b>

#### 3. Safety Equipment Requirement & PPE to be used

Safety Glasses <input checked="" type="checkbox"/>	Nose Mask / Respirators <input type="checkbox"/>	Safety Harness / Lifeline <input type="checkbox"/>	Fire Extinguisher No. <input checked="" type="checkbox"/>
Safety Shoes <input type="checkbox"/>	Hand Gloves <input type="checkbox"/>	Ear Plug/ Muff <input checked="" type="checkbox"/>	Scaffolds & Ladders <input type="checkbox"/>
Locks/ tags No. _____ <input type="checkbox"/>	Barricades & Warning Signs <input checked="" 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

### Approvers

Sequence	Name	Status
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1	Lalit Aditya Kola	Approved
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History

Created On	Created By	Comment	Attachments
17-Sep-2025 06:35:37 PM	Lalit Aditya Kola	A new record was created: Uid set to 'WP/TTK/COI/HWW/25/00001' Category Name set to 'Height Work' Work Permit Status Name set to 'Submit'	