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|  | 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. 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 E-S Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with E-S Coordinator. | Doc. No: ESHMS/P/04 |
| | | Rev No: 1 |
| | | Rev Date: 23-Oct-2025 |

Confined Space Entry Permit


| Permit No. | Date | Time (Max 8 hrs or end of the shift) | Work Performing Department | Location of Work |
|-------------------------|-------------------------|--|----------------------------|------------------|
| WP/TTK/COI/CSE/25/00017 | 23-Oct-2025 05:15:29 PM | From 23-Oct-2025 05:14:00 PM To 23-Oct-2025 06:00:00 PM | Maintenance | Tower 1 |

| | |
|--------------------------|--------|
| Work Description: | safety |
|--------------------------|--------|

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| 1. Hazards Identified | | | |
| <input checked="" type="checkbox"/> Presence of Toxic Gas Fumes | <input type="checkbox"/> Presence of Flammable Gas Fumes | <input type="checkbox"/> Work on Standing Ladder | <input checked="" type="checkbox"/> Work on Scaffolding |
| <input type="checkbox"/> Slip Hazard | <input type="checkbox"/> Improper Access to reach confined space work area | <input type="checkbox"/> Lack of Oxygen Level | <input type="checkbox"/> Unguarded Opening |
| <input type="checkbox"/> No access ladder inside the confined space | <input type="checkbox"/> Poor Lighting | <input type="checkbox"/> Work near sharp edges in vessel inside | <input type="checkbox"/> Height Work (Above 1.5 Mtr.) |
| <input type="checkbox"/> Mechanical / Electrical Sparks | <input type="checkbox"/> Sharp Edges | <input type="checkbox"/> Trip Hazard | <input type="checkbox"/> Noise / Vibration |
| <input type="checkbox"/> Excavation Collapse | <input type="checkbox"/> Steam | <input type="checkbox"/> Work near Over Head Electrical Line | <input type="checkbox"/> Static Electricity |
| <input type="checkbox"/> Work on Running Vessel / Tank | <input type="checkbox"/> Oil Spillage Observed | <input type="checkbox"/> Pressurized Line | |
| Attachments | | | |
|  | | | |
| 2. Control Measures | | | |

| | | | |
|-------------------------------------|-----------|-----------|--|
| Name of watch Person: | | | |
| YES | NO | NA | Check Points for the Initiator |
| <input checked="" type="checkbox"/> | | | Has all piping been isolated by disconnect? (Physical Spool Removal or Blind Provided) |
| <input checked="" type="checkbox"/> | | | Has all electrical equipment associated with the vessel been locked out and tagged out & tested out? |
| | | | Is vessel clean and free of hazardous residue? |
| | | | If not, have appropriate safeguards been taken to assure safe entry? |
| | | | Has vessel been mechanically ventilated adequately prior to entry? If required provide the continuous mechanical ventilation. |
| | | | Is a ladder inside the vessel and secured ? |
| | | | Are all entrants wearing a full body harness with life line attached along with the whistle ? |
| | | | Is entrants register format with name, in time, out time and signature is available. |
| | | | Has a watch person is assigned and given proper instructions along with SCBA ? |
| | | | Has instructions been given to use rubber insulated mats or shoes, when welding or conducting electrical work in a damp or metal confined space ? |
| | | | Are all electrical tools and in good condition & green tag provided |
| | | | Is separate work permit taken for other works like holt work, cold work, etc.. Confined space entry permit only for entry in the space & not to do the work |
| <input checked="" type="checkbox"/> | | | Use detectors to monitor H2S, Oxygen and LEL level, for all confined space entries |
| <input checked="" type="checkbox"/> | | | Have instructions been given to watch person to abort the entry if signs and symptoms of exposure occur and/ or the oxygen level drops to 19.5% or rises to 23.5%. |

Attachments



| 3. Safety Equipment Requirement & PPE to be used | | | |
|---|--|--|--|
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Nose Mask / Respirators | <input type="checkbox"/> Safety Harness / Lifeline | <input type="checkbox"/> Fire Extinguisher No. |
| <input type="checkbox"/> Hand Gloves | <input type="checkbox"/> Ear Plug/ Muff | <input type="checkbox"/> Scaffolds & Ladders | <input type="checkbox"/> Locks/ tags |
| <input type="checkbox"/> Face Shield / Welding Goggle | <input type="checkbox"/> Helmet | <input type="checkbox"/> Forced Ventilations | <input type="checkbox"/> Barricades |
| <input type="checkbox"/> Apron | <input type="checkbox"/> Warning signs | <input type="checkbox"/> Safety Shoes | <input type="checkbox"/> Any Other: |
| LOTO Tag Reference No. : | | | |

| 4. Work Permit Authorization | | |
|---|---|--|
| Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work) | | Permit Type: Confined Space Entry Permit No.: WP/TTK/COI/CSE/25/00017 |
| Admin Name: Abhinav Srivastava Approved On: NA | Site EHS Name: Bishal Mondal Approved On: NA | Plant Head Name: Kumar Samarjeet Approved On: NA |

| 5. Permit Acceptance |
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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:

6. 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: _____ / _____

Work Permit History

| Date | Modified By | Comments | Attachments |
|----------------------------|-------------|--|-------------|
| 23-Oct-2025 05:15:30 PM | Shreya V | A new record was created: Uid set to 'WP/TTK/COI/CSE/25/00017' Category Name set to 'Confined Space Entry' Work Permit Status Name set to 'Submit' Department Incharge set to 'ADITYA CHAKRABORTY' | NA |