

	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: 04-Nov-2025

Confined Space Entry, Electrical Work, Excavation Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/CSE/25/00064	04-Nov-2025 05:01 PM	From 04-Nov-2025 04:48 PM To 04-Nov-2025 06:00 PM	Maintenance	

Work Description:	
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1. Hazards Identified

<input type="checkbox"/> Presence of Toxic Gas Fumes	<input type="checkbox"/> Presence of Flammable Gas Fumes	<input type="checkbox"/> Work on Standing Ladder	<input 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	<input type="checkbox"/> Flammable Materials Nearby
<input type="checkbox"/> Height Work	<input type="checkbox"/> Improper Access	<input type="checkbox"/> Moving Machinery	<input type="checkbox"/> Work on Running Machine
<input type="checkbox"/> Presence of Flammable Gas	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Tripp Hazard	<input type="checkbox"/> Noise
<input type="checkbox"/> Vibration	Other Hazards :	<input type="checkbox"/> Under Ground Electrical Cables	<input type="checkbox"/> Underground IT cables
<input type="checkbox"/> Underground Fire Water Lines	<input type="checkbox"/> Underground Water Lines	<input type="checkbox"/> Underground diesel / chemical lines	<input type="checkbox"/> Don't know the underground utilities
<input type="checkbox"/> Wet area	<input type="checkbox"/> Concrete Floor area	<input type="checkbox"/> Other Underground utilities	<input type="checkbox"/> Vehicle movement in 5 m radius
<input type="checkbox"/> Building / structures in 1 m radius	<input type="checkbox"/> Excavation depth more than 1 feet	<input type="checkbox"/> Manual Excavation	<input type="checkbox"/> Mechanical Excavation
<input type="checkbox"/> Dust	<input type="checkbox"/> Trip / Slip Hazard	<input type="checkbox"/> Water Seepage	<input type="checkbox"/> Road Blockage
<input type="checkbox"/> Frequent people movement at nearby	<input type="checkbox"/> Emergency route blockage	<input type="checkbox"/> Loose Soils	

YES	NO	NA	Check Points for the Initiator
			Combustible Materials Nearby

Attachments

2. Control Measures			
Name of watch Person:		If any of the above criteria required is not met, then do not issue the work permit.:	Is all hand tools & equipment's inspected & green tag provided?:
		Electrical Isolation – If yes, Is Isolation Done?:	
YES	NO	NA	Check Points for the Initiator
			Has all piping been isolated by disconnect? (Physical Spool Removal or Blind Provided)
			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
			Use detectors to monitor H2S, Oxygen and LEL level, for all confined space entries
			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%.
			Is LOTO applied on Incoming power supply
			Conducted a thorough inspection of the work area and identified potential electrical hazards
			Ensured all necessary precautions have been taken to mitigate electrical risks
			Verified that all personnel involved in the electrical work activity have received appropriate training and possess the required skills
			Confirmed that all relevant permits, licenses, and authorizations have been obtained
			Verified that the work area is free from any potential electrical hazards or risks
			Ensured proper isolation of electrical equipment from the power source and tagged/locked out
			Provided workers with appropriate personal protective equipment (PPE) for electrical work
			Conducted a final inspection before authorizing the electrical work activity
			Communicated all necessary safety precautions to workers
			Confirmed that appropriate testing equipment, such as voltage testers and multimeters, are available and in proper working condition
			Verified that workers are aware of the proper procedures for electrical isolation, lockout/tagout, and testing before starting work
			Ensured that workers are trained in the safe handling of electrical equipment and materials
			Verified that workers have received proper training on electrical safety
			Established and communicated an emergency response plan
			Is all hand tools & equipment's inspected & green tag provided?
			Electrical Isolation – If yes, Is Isolation Done?
			Other pipeline / utilities Isolation – Is Isolation Done
			Drawings checked for underground Piping, Electrical or Instrumentation cable
			Is layout drawing attached & excavation area was marked
			Is Signature taken from Maintenance & IT for underground utility clearance in attached layout drawing
			Is Excavation tools like crow bars, etc are Insulated
			Shoring (required for excavation depth exceeding 5 feet)
			Is vehicle movement stopped at nearby area (for 5 m radius) if depth more than 2 feet
			Mechanical Excavation – Is vehicle inspected & green tag provided
			Is trail pit tried for the underground utility identification?
			Is access ladder available for entry into excavated area (Depth more than 2 feet)
			Is Area barricaded for unauthorized people movement & warning signage's displayed?
			Is adequate lighting provided, if work planned on dark hours?
			If emergency route blocked, Is alternate route identified & communicated to stakeholders?
			If any of the above criteria required is not met, then do not issue the work permit

Attachments

Action Validation – Level 1

Summarize

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ttk_clone_dsms-oqsha.com@mg.oqsha.com on behalf of OQSHA<ttk_clone_dsms@oqsha.com>

To: Shreya Ved

Mon 11/3/2025 11:39 AM

CAUTION: This email originated from outside of the organization. DO NOT click links or open attachments unless you recognize the sender and know the content is safe.

Hello Shreya V,

Validate the following action
Here are the details:

Action Tracker ID: TA/IFB/COI/EH-/25/00025

Action Tracker Description: walk safely

Action Tracker Priority: Medium

Due Date: 11/25/2025 6:30:00 PM

Action Tracker Link: [Click to Validate](#)

Regards,

Oqsha Team

OQSHA - Powered by Osmosys

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. :	<input type="checkbox"/> Rescue Hook	<input type="checkbox"/> General Hand Gloves	<input type="checkbox"/> Electrical Insulated Gloves
<input type="checkbox"/> Ear Plug / Muff	<input type="checkbox"/> Helmet with Face Shield	<input type="checkbox"/> Arc Protection Suite	<input type="checkbox"/> Earth Discharge Rod
Locks / Tags No.:	Fire Extinguisher No.:	<input type="checkbox"/> Barricades & Warning Signs	Any other: :
<input checked="" type="checkbox"/> Warning Signs	<input checked="" type="checkbox"/> Forced Ventilation	<input checked="" type="checkbox"/> Locks / Tags	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, Electrical Work, Excavation Work Permit No.: WP/TTK/COI/CSE/25/00064
Site EHS	Site EHS	Plant Head
Name: Shreya V Approved On: 04-Nov-2025 05:12 PM	Name: Mounika Laisetti Approved On: 04-Nov-2025 05:14 PM	Name: Sayan Mondal Approved On: 04-Nov-2025 05:15 PM

5. 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:
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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

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 Closure	
Closure Remarks	
<input type="checkbox"/> Work completed & Housekeeping done	<input type="checkbox"/> Work Cancelled due to Operational Reasons
<input type="checkbox"/> Work Permit Rejected	<input type="checkbox"/> Work Permit Not Approved
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 stopped after permit rejection.	

Work Permit History			
Date	Modified By	Comments	Attachments
04-Nov-2025 05:15 PM	Sayan Mondal	Status has been updated to Approved	
04-Nov-2025 05:15 PM	Sayan Mondal	done	
04-Nov-2025 05:14 PM	Mounika Laisetti	approving as Site EHS	
04-Nov-2025 05:12 PM	Shreya V	Status has been updated to Partially Approved	
04-Nov-2025 05:12 PM	Shreya V	approving	
04-Nov-2025 05:01 PM	Lalit Aditya Kola	A new record was created: Uid set to 'WP/TTK/COI/CSE/25/00064' Category Name set to 'Confined Space Entry, Electrical Work, Excavation Work' Work Permit Status Name set to 'Submit' Department Incharge set to 'ADITYA CHAKRABORTY'	