

	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: 05-Nov-2025

Confined Space Entry, Cold Work, Excavation Work, Electrical Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/CSE/25/00066	05-Nov-2025 11:36 AM	From 05-Nov-2025 11:08 AM To 05-Nov-2025 06:00 PM	Maintenance	

Work Description:	
--------------------------	--

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 type="checkbox"/> Work on Scaffolding
<input checked="" 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 checked="" type="checkbox"/> Work near sharp edges in vessel inside	<input checked="" type="checkbox"/> Height Work (Above 1.5 Mtr.)
<input checked="" type="checkbox"/> Mechanical / Electrical Sparks	<input checked="" type="checkbox"/> Sharp Edges	<input checked="" 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 checked="" type="checkbox"/> Static Electricity
<input checked="" type="checkbox"/> Work on Running Vessel / Tank	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Pressurized Line	Other Hazards::
<input checked="" type="checkbox"/> Under Ground Electrical Cables	<input checked="" type="checkbox"/> Underground IT cables	<input type="checkbox"/> Underground Fire Water Lines	<input checked="" type="checkbox"/> Underground Water Lines
<input checked="" type="checkbox"/> Underground diesel / chemical lines	<input type="checkbox"/> Don't know the underground utilities	<input checked="" type="checkbox"/> Wet area	<input checked="" type="checkbox"/> Concrete Floor area
<input checked="" type="checkbox"/> Other Underground utilities	<input checked="" type="checkbox"/> Vehicle movement in 5 m radius	<input checked="" type="checkbox"/> Building / structures in 1 m radius	<input checked="" type="checkbox"/> Excavation depth more than 1 feet
<input checked="" type="checkbox"/> Manual Excavation	<input checked="" type="checkbox"/> Mechanical Excavation	<input checked="" type="checkbox"/> Dust	<input checked="" type="checkbox"/> Trip / Slip Hazard
<input type="checkbox"/> Water Seepage	<input type="checkbox"/> Road Blockage	<input checked="" type="checkbox"/> Frequent people movement at nearby	<input type="checkbox"/> Emergency route blockage
<input checked="" type="checkbox"/> Loose Soils	<input checked="" type="checkbox"/> Flammable Materials Nearby	<input checked="" type="checkbox"/> Height Work	<input checked="" type="checkbox"/> Improper Access
<input type="checkbox"/> Moving Machinery	<input checked="" type="checkbox"/> Work on Running Machine	<input checked="" type="checkbox"/> Presence of Flammable Gas	<input checked="" type="checkbox"/> Confined Space
<input type="checkbox"/> Tripp Hazard	<input type="checkbox"/> Noise	<input type="checkbox"/> Vibration	

YES	NO	NA	Check Points for the Initiator
			Combustible Materials Nearby

Attachments

2. Control Measures				
Name of watch Person:		Is all hand tools & equipment's inspected & green tag provided?:	Electrical Isolation – If yes, Is Isolation Done?:	If any of the above criteria required is not met, then do not issue the work permit.:
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 all hand tools & equipment's inspected & tag provided?
			Area is free from any Loose electrical joint/cables & sharp edges.
			Ensure no underground cables & pipelines in vicinity of work area.
			Ensure no unguarded openings
			Surrounding area is checked, cleaned & safe
			Equipment properly drained / de pressurized
			LOTO to applied for the work & equipment is safe
			Availability of sufficient illumination at work spot. Checked relevant PPE.
			People are competent to do the work
			Any other source of potential hazard if any remove before start of work.
			All necessary guarding provided in the rotary objects
			Safety devices are not bypassed
			Ensure the work not carrying in running operation
			Caution board mentioning "Job in Progress" installed near working area.
			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?
			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?
			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

<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Nose Mask / Respirators	<input checked="" type="checkbox"/> Safety Harness / Lifeline	<input checked="" type="checkbox"/> Fire Extinguisher No.
<input checked="" type="checkbox"/> Hand Gloves	<input checked="" type="checkbox"/> Ear Plug/ Muff	<input checked="" type="checkbox"/> Scaffolds & Ladders	<input checked="" type="checkbox"/> Locks/ tags
<input checked="" type="checkbox"/> Face Shield / Welding Goggle	<input checked="" type="checkbox"/> Helmet	<input checked="" type="checkbox"/> Forced Ventilations	<input checked="" type="checkbox"/> Barricades
<input checked="" type="checkbox"/> Apron	<input checked="" type="checkbox"/> Warning signs	<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Any Other:
LOTO Tag Reference No. :	<input type="checkbox"/> Ear Plug / Muff	<input type="checkbox"/> Warning Signs	<input type="checkbox"/> Forced Ventilation
<input type="checkbox"/> Locks / Tags	Any other:	LOTO Tag Reference No.:	<input checked="" type="checkbox"/> Rescue Hook
<input checked="" type="checkbox"/> General Hand Gloves	<input checked="" type="checkbox"/> Electrical Insulated Gloves	<input type="checkbox"/> Helmet with Face Shield	<input type="checkbox"/> Arc Protection Suite
<input checked="" type="checkbox"/> Earth Discharge Rod	Locks / Tags No.:	Fire Extinguisher No.:	<input type="checkbox"/> Barricades & Warning Signs
Any other: : yes it is updating when status is partially approved			

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, Cold Work, Excavation Work, Electrical Work Permit No.: WP/TTK/COI/CSE/25/00066
Site EHS	Site EHS
Name: Shreya Ved Approved On: 05-Nov-2025 11:40 AM	Name: Mounika Laisetti Approved On: 05-Nov-2025 11:42 AM

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:

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
05-Nov-2025 11:42 AM	Mounika Laisetti	Status has been updated to Approved	
05-Nov-2025 11:42 AM	Mounika Laisetti	approving fully now	
05-Nov-2025 11:40 AM	Shreya Ved	Status has been updated to Partially Approved	
05-Nov-2025 11:40 AM	Shreya Ved	approve partially	
05-Nov-2025 11:37 AM	Lalit Aditya Kola	A new record was created: Uid set to 'WP/TTK/COI/CSE/25/00066' Category Name set to 'Confined Space Entry, Cold Work, Excavation Work, Electrical Work' Work Permit Status Name set to 'Submit'	