

	<b>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, &amp; third copy shall be retained in the book itself.</b>  <b>Note:</b> 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 EHS Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with EHS Coordinator.	<b>Doc. No: ESHMS/P/04</b>
		<b>Rev No: 1</b>
		<b>Rev Date: 17-Nov-2025</b>

Confined Space Entry, Cold Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/CSE/25/00068	16-Nov-2025 11:37:31 PM	From 16-Nov-2025 11:35:00 PM To 17-Nov-2025 06:00:00 PM	Stores	Assam

<b>Work Description:</b>	Mining
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<b>1. Hazards Identified</b>			
<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 checked="" type="checkbox"/> Improper Access to reach confined space work area	<input checked="" type="checkbox"/> Lack of Oxygen Level	<input type="checkbox"/> Unguarded Opening
<input checked="" 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 checked="" type="checkbox"/> Trip Hazard	<input checked="" type="checkbox"/> Noise / Vibration
<input checked="" type="checkbox"/> Excavation Collapse	<input type="checkbox"/> Steam	<input type="checkbox"/> Work near Over Head Electrical Line	<input type="checkbox"/> Static Electricity
<input checked="" type="checkbox"/> Work on Running Vessel / Tank	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Pressurized Line	<b>Other Hazards:</b> othrs
<b>Attachments</b>			
No images available			
<a href="#">organization_preferences_2025-11-16_18-07-31-731_b4be41cf-aad2-4d90-9613-fa8d774d0900.pdf</a>			
<b>2. Control Measures</b>			

Name of watch Person:			
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
Attachments			
No images available			
<a href="#">OQSHA_WORK_PERMIT_2025-11-16_23-24-03-243_2025-11-16_18-07-31-731_34823cf0-91e8-42ef-930b-50a26022742c.csv</a>			

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

<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Nose Mask / Respirators	<input type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Fire Extinguisher No.
<input checked="" type="checkbox"/> Hand Gloves	<input checked="" 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 checked="" type="checkbox"/> Forced Ventilations	<input checked="" type="checkbox"/> Barricades
<input checked="" type="checkbox"/> Apron	<input type="checkbox"/> Warning signs	<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Any Other:
<b>LOTO Tag Reference No. :</b> loto	<input checked="" type="checkbox"/> Ear Plug / Muff	<input checked="" type="checkbox"/> Warning Signs	<input checked="" type="checkbox"/> Forced Ventilation
<input checked="" type="checkbox"/> Locks / Tags	<b>Any other:</b> other		

4. Work Permit Authorization	
<b>Cross Referred Permits</b> – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Confined Space Entry, Cold Work Permit No.: WP/TTK/COI/CSE/25/00068
<b>Site EHS</b>	<b>Plant Head</b>
<b>Name:</b> Mbunika OSM <b>Approved On:</b> NA	<b>Name:</b> VAIBAH/ VARUN <b>Approved On:</b> NA

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.	
<b>Name &amp; Sign of the Job Performer / Contractor's Supervisor :</b>	<b>Name &amp; Sign of the Permit Initiator:</b>

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 History			
Date	Modified By	Comments	Attachments
16-Nov-2025 11:37:32 PM	Shreya Ved	A new record was created: Uid set to 'WP/TTK/COI/CSE/25/00068' Category Name set to 'Confined Space Entry, Cold Work' Work Permit Status Name set to 'Submit' Department Incharge set to 'Rohit Kumar'	NA