

<input style="width: 100px; height: 20px;" type="text"/>	<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>Doc. No: ESHMS/P/04</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 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.	<b>Rev No: 1</b>
		<b>Rev Date: 06-Feb-2026</b>

## 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/26/00048	05-Feb-2026 07:28:21 PM	From 08-Feb-2026 07:00:00 AM To 08-Feb-2026 05:00:00 PM	25 regression	

<b>Work Description:</b>	
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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	

<b>Attachments</b>
<input style="width: 100%; height: 20px;" type="text" value="Image"/>

### 2. Control Measures

**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%.

**Attachments**

[Image](#)

**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:
<b>LOTO Tag Reference No. :</b>			

**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 Permit No.: WP/TTK/COI/CSE/26/00048
<b>Department Head</b>	<b>Area Owner</b>
<b>Name:</b> Rajkumar Pativada <b>Approved On:</b> 05-Feb-2026 07:35:10 PM	<b>Name:</b> Shreya V <b>Approved On:</b> 05-Feb-2026 07:36:26 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:**

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: _____ / _____						

7. Work Permit Extension				
<b>Permit Extension to the Next Shift -</b> Should the permit be extended, the affected / next operating shift will be fully informed about all the conditions stated on the permit, hazards associated with control measures, and ensured that it is safe for the work to the period stated, provided they are followed and maintained throughout the extended period.				
Work Permit Extension for next shift (Mention Date & Time For Extension)	Permit Initiator	Job Performer	Permit Take Over By	Extension Requested (Hours)
From: 2/8/2026 7:00:00 AM To: 2/8/2026 5:00:00 PM	Shreya V		Rajkumar Pativada	2

Work Permit History			
Date	Modified By	Comments	Attachments
05-Feb-2026 07:38:55 PM	Shreya V	Status has been updated to Extension Approved	NA
05-Feb-2026 07:36:26 PM	Shreya V	Status has been updated to Approved app	NA
05-Feb-2026 07:35:10 PM	Rajkumar Pativada	Status has been updated to Partially Approved re	NA
05-Feb-2026 07:32:29 PM	Shreya V	Status has been updated to Submitted req	NA
05-Feb-2026 07:31:53 PM	Rajkumar Pativada	Status has been updated to Rejected re	NA
05-Feb-2026 07:28:21 PM	Shreya V	A new record was created: Site Name set to 'Coimbatore' Department set to '25 regression' Department Incharge set to 'Test patient 45' Type Of Permit set to 'Confined Space Entry' Name Of Requestor set to 'Shreya V' Shift set to 'First Shift' Work Permit Date Start set to '08-Feb-2026' Work Permit Date End set to '08-Feb-2026' Work Permit Time Start set to '07:00 AM' Work Permit Time End set to '03:00 PM' Is Manual Ptw set to 'False' Status set to 'Submit'	NA