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| <input style="width: 100px; height: 20px;" type="text"/> | 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. | Doc. No: ESHMS/P/04 |
| | 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. | Rev No: 1 |
| | | Rev Date: 11-Feb-2026 |

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/26/00054 | 11-Feb-2026 01:38:44 PM | From 12-Feb-2026 02:00:00 PM To 12-Feb-2026 10:00:00 PM | 25 regression | |

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

| 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 | |

| Attachments |
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| 2. Control Measures |
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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



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

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| 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/26/00054 |
| Area Owner (L1 approver) | Site EHS |
| Name: Shreya V Approved On: 11-Feb-2026 01:39:06 PM | Name: Shreya V Approved On: 11-Feb-2026 01:39:13 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 |
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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 Closure |
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| Closure Remarks |
| <input checked="" 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 |
| 11-Feb-2026 01:39:23 PM | Shreya V | Status has been updated to Canceled ca | NA |
| 11-Feb-2026 01:39:13 PM | Shreya V | Status has been updated to Approved re | NA |
| 11-Feb-2026 01:39:06 PM | Shreya V | Status has been updated to Partially Approved re | NA |
| 11-Feb-2026 01:38:44 PM | Shreya V | A new record was created: Site Name set to 'Coimbatore' Department set to '25 regression' Type Of Permit set to 'Confined Space Entry' Name Of Requestor set to 'Shreya V' Shift set to 'Second Shift' Work Permit Date Start set to '12-Feb-2026' Work Permit Date End set to '12-Feb-2026' Work Permit Time Start set to '02:00 PM' Work Permit Time End set to '10:00 PM' Is Manual Ptw set to 'False' Status set to 'Submit' | NA |