

<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: 17-Mar-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/26/00085	16-Mar-2026 07:09:47 PM	From 20-Mar-2026 07:08:00 PM To 22-Mar-2026 06:00:00 PM	25 regression	

Work Description:	
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Location of Work

Location of Work:

Work Description

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 checked="" 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 checked="" 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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Doc No: COMER-EHS-PTW-10

Permit To Work Report - Concrete Work, Confined Space Entry (Permit UID: P/BEAT/COM/ABVX/CS/CW/26/0001)

Permit Information			
Type of permit	Name of project/site	Contractor company	Name of contractor
Concrete Work, Confined Space Entry	Robertsdale	Abvax SA American	Chem...

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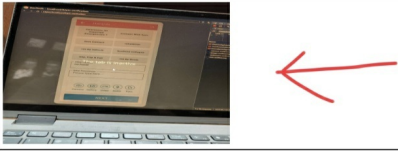
Work Information			
Start date / Close Date	12-Mar-2026 / 12-Mar-2026	Work location	test
Start time / End time	10:36:00 AM / 06:00:00 PM	Reference permit no.	
No. of workers	2	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections

Hazards

Oxygen Deficiency <input type="checkbox"/>	Oxygen Enrichment <input type="checkbox"/>	Arcing / Flash <input type="checkbox"/>	Electrical Shock <input type="checkbox"/>
Fire <input type="checkbox"/>	Explosion <input type="checkbox"/>	Toxic Gases / Fumes <input type="checkbox"/>	Person Fall <input checked="" type="checkbox"/>
Equipment fall <input type="checkbox"/>	ISOLATION <input type="checkbox"/>	LOTO Applied <input type="checkbox"/>	Ventilation Provided <input type="checkbox"/>
HRA Undertaken <input type="checkbox"/>	Signage's Provided <input type="checkbox"/>	SOP <input type="checkbox"/>	Illumination Provided <input type="checkbox"/>
ELCB / RCCB Provided <input type="checkbox"/>	Entry Log Register <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	Contact with Eyes <input type="checkbox"/>
Skin Contact <input type="checkbox"/>	Inhalation <input type="checkbox"/>	Hit by Vehicle <input type="checkbox"/>	Scaffold Collapse <input type="checkbox"/>
Slip, Trip & Fall <input type="checkbox"/>	Hit by Boom <input type="checkbox"/>	Other Hazards: no hazard	Other Precautions: NA


Attachments



Precautions Taken

Safety Helmet <input type="checkbox"/>	Safety Shoes <input type="checkbox"/>	Full Body Harness <input type="checkbox"/>	Cover All <input type="checkbox"/>
Filtered Mask <input type="checkbox"/>	Safety Jacket <input checked="" type="checkbox"/>	Good Access / Egress <input type="checkbox"/>	Scaffolding & working Platform <input type="checkbox"/>
Adequate illumination <input type="checkbox"/>	HRA Undertaken <input type="checkbox"/>	Good Housekeeping <input type="checkbox"/>	Ladder Provided <input type="checkbox"/>
Mobile Scaffolding <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	Other PPE's: NA	Other Precautions: NA

Attachments



Toolbox Talk: 16-Mar-2026 07:09:47 PM

Attachments

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

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Doc No: COMER-EHS-PTW-10

Permit To Work Report - Concrete Work, Confined Space Entry (Permit UID: P/B/EAT/COM/ABVX/CS/CW26/00051)

Permit Information

Type of permit	Name of project/site	Contractor company	Name of contractor
Concrete Work, Confined Space Entry	Robertsdale	Abvax SA American	Cherr...

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Work Information

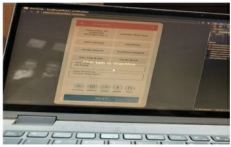
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ELCB / RCCB Provided <input type="checkbox"/>	Entry Log Register <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	Contact with Eyes <input type="checkbox"/>
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Slip, Trip & Fall <input type="checkbox"/>	Hit by Boom <input type="checkbox"/>	Other Hazards: no hazard	Other Precautions: NA


Attachments



Precautions Taken

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Filtered Mask <input type="checkbox"/>	Safety Jacket <input checked="" type="checkbox"/>	Good Access / Egress <input type="checkbox"/>	Scaffolding & working Platform <input type="checkbox"/>
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16-Mar-2026 07:09:47 PM

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. : ds			

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 Permit No.: WP/TTK/COI/CSE/26/00085
Area Owner (L1 approver)	Area Owner (L1 approver)	Area Owner (L1 approver)
Name: Bug Test Approved On: NA	Name: Bug Test Approved On: NA	Name: Rajkumar Pativada Approved On: 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.

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 History

Date	Modified By	Comments	Attachments
16-Mar-2026 07:09:47 PM	Rajkumar Pativada	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 'Rajkumar Pativada' Work Permit Date Start set to '20-Mar-2026' Work Permit Date End set to '22-Mar-2026' Work Permit Time Start set to '07:08 PM' Work Permit Time End set to '06:00 PM' Is Manual Ptw set to 'False' Status set to 'Submit'	NA