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|---|---|-------------------------------------|
|  | 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 EHS Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with EHS Coordinator. | Doc. No: COI/CWW/25/00007 |
| | | Rev No: 7 |
| | | Rev Date: 17-Sep-2025 |
| | | |

Cold Work Permit

| Permit No. | Date | Time (Max 8 hrs or end of the shift) | Work Performing Department | Location of Work |
|-------------------------|-------------------------|--|----------------------------|------------------|
| WP/TTK/COI/CWW/25/00007 | 17-Sep-2025 05:25:07 PM | From 18-Sep-2025 02:00:00 PM To 18-Sep-2025 11:00:00 PM | Maintenance | |

| | |
|--------------------------|--|
| 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 | Other Hazards: |

2. Control Measures

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

3. Safety Equipment Requirement & PPE to be used

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Hand Gloves | <input type="checkbox"/> Face Shield / Welding Goggle | <input type="checkbox"/> Apron |
| <input type="checkbox"/> Nose Mask / Respirators | <input type="checkbox"/> Ear Plug / Muff | <input type="checkbox"/> Helmet | <input type="checkbox"/> Warning Signs |

| | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Safety Harness / Lifeline | <input type="checkbox"/> Scaffolds & Ladders | <input type="checkbox"/> Forced Ventilation | <input type="checkbox"/> Safety Shoes |
| <input type="checkbox"/> Fire Extinguisher No. | <input type="checkbox"/> Locks / Tags | <input type="checkbox"/> Barricades | Any other : : |
| LOTO Tag Reference No.: | | | |

| Work Permit Authorization | | | |
|---|-----------------------------|-----------------------------|-----------------------------|
| Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work) | Permit Type: Permit No.: | Permit Type: Permit No.: | Permit Type: Permit No.: |
| NA | | | |
| Name: Lalit Aditya Kola Signature with Date & Time: _____ | | | |

| 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: |

| 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 Extension | | | | |
|--|-------------------------|----------------------|---|---|
| Permit Extension to the Next Shift - No Extension for Roof Work, Confined Space activity after 6 pm | | | | |
| 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 Hand Over By (During Shift Hand Over) Name of the Initiator | Permit Take Over By (During Shift Hand Over) Name of the Initiator |

| Work Permit Closure | |
|---|--|
| Work completed & Housekeeping done (To be filled by under whom supervision work was done) YES / NO | |
| 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 stop after permit rejection. | |