

	<p><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></p> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>Under no circumstances permitted work should be carried out after the close time of the work permit.</li> <li>Permit should be returned to the initiator by performer &amp; thereafter submitted to EHS Coordinator.</li> <li>Safe work permit request should be raised daily before start of work &amp; permit register shall be available with EHS Coordinator.</li> </ol>	<b>Doc. No:</b> COI/CWW/25/00021
		<b>Rev No:</b> 21
		<b>Rev Date:</b> 18-Sep-2025

Cold Work, 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/CWW/25/00021	18-Sep-2025 11:05:59 AM	From 18-Sep-2025 02:00:00 PM To 18-Sep-2025 10:00:00 PM	Polishing	

<b>Work Description:</b>	
{ElectricalSpecificRows}	

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 checked="" 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>Other Hazards:</b>

2. Control Measures

Name of watch Person:			
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.
		NA	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
	NO		Has all piping been isolated by disconnect? (Physical Spool Removal or Blind Provided)
	NO		Has all electrical equipment associated with the vessel been locked out and tagged out & tested out?
	NO		Is vessel clean and free of hazardous residue?

	NO		If not, have appropriate safeguards been taken to assure safe entry?
	NO		Has vessel been mechanically ventilated adequately prior to entry? If required provide the continuous mechanical ventilation.
	NO		Is a ladder inside the vessel and secured ?
	NO		Are all entrants wearing a full body harness with life line attached along with the whistle ?
	NO		Is entrants register format with name, in time, out time and signature is available.
	NO		Has a watch person is assigned and given proper instructions along with SCBA ?
	NO		Has instructions been given to use rubber insulated mats or shoes, when welding or conducting electrical work in a damp or metal confined space ?
	NO		Are all electrical tools and in good condition & green tag provided
	NO		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
	NO		Use detectors to monitor H2S, Oxygen and LEL level, for all confined space entries
	NO		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%.

### 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 checked="" type="checkbox"/> Locks / Tags	<input type="checkbox"/> Barricades	<input type="checkbox"/> Ear Plug/ Muff
<input type="checkbox"/> Locks/ tags	<input type="checkbox"/> Forced Ventilations	<input type="checkbox"/> Warning signs	<input type="checkbox"/> Any Other:
<b>Any other : :</b>		<b>LOTO Tag Reference No.:</b>	

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	NO		Equipment properly drained / de pressurized
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	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.
		NA	All necessary guarding provided in the rotary objects
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<input type="checkbox"/> Locks/ tags	<input type="checkbox"/> Forced Ventilations	<input type="checkbox"/> Warning signs	<input type="checkbox"/> Any Other:
Any other : :		LOTO Tag Reference No.:	

Work Permit Authorization	
<b>Cross Referred Permits</b> – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Cold Work, Confined Space Entry Permit No.: WP/TTK/COI/CWW/25/00021
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

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					
<b>Permit Extension to the Next Shift</b> - 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...					
Work Permit Extension for next shift (Mention Date & Time For Extension)	Permit Initiator	Job Performer	Permit Hand Over By	Permit Take Over By	Extension Requested (Hours)

<b>Work Permit Closure</b>
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{ClosureRemarks}

<b>Permit handed over to the EHS Coordinator by initiator after completion of the job &amp; below mentioned details to be filled by initiator.</b>
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Name..... Dept..... Time..... Sign.....
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<b>Note: This permit to be kept at job site. Work can not be done with rejected permit or without permit &amp; work shall be immediately stop after permit rejection.</b>
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{WorkPermitHistory}

<b>Work Permit History</b>
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Date	Modified By	Comments	Attachments
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