TTK Prestige LIMITED	**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/25/00029 **Rev No:** 29 **Rev Date:** 18-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/25/00029	18-Sep-2025 12:17:04 PM	From 18-Sep-2025 02:00:00 PM To 18-Sep-2025 10:00:00 PM	Polishing	asdasd

Work Description:	ewdewqd

1. Hazards Identified

☑ Presence of Toxic Gas Fumes	☐ Presence of Flammable Gas Fumes	☑ Work on Standing Ladder	☐ Work on Scaffolding
☐ Slip Hazard	☐ Improper Access to reach confined space work area	☐ Lack of Oxygen Level	☐ Unguarded Opening
☐ No access ladder inside the confined space	☐ Poor Lighting	☐ Work near sharp edges in vessel inside	☐ Height Work (Above 1.5 Mtr.)
☐ Mechanical / Electrical Sparks	☐ Sharp Edges	☐ Trip Hazard	☐ Noise / Vibration
☐ Excavation Collapse	☐ Steam	☐ Work near Over Head Electrical Line	☑ Static Electricity
☐ Work on Running Vessel / Tank	☐ Oil Spillage Observed	☑ Pressurized Line	**Other Hazards:**:

2. Control Measures

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

☑ Safety Glasses	☐ Hand Gloves	☐ Face Shield / Welding Goggle	☐ Apron
☑ Nose Mask / Respirators	☐ Ear Plug / Muff	☐ Helmet	☑ Warning Signs

☐ Safety Harness / Lifeline	☐ Scaffolds & Ladders	☐ Forced Ventilation	☐ Safety Shoes
☐ Fire Extinguisher No.	☑ Locks / Tags	☐ Barricades	**Any other :** : fwef
LOTO Tag Reference No.: sdv			

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**

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 - <u>No Extension for Roof Work, Confined Space activity after 6 pm</u>

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: <u>**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.**</u>