

<div>TTK Prestige</div> <div>LIMITED</div>	<p>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.</p> <p>Note:</p> <p>1. Under no circumstances permitted work should be carried out after the close time of the work permit.</p> <p>2. Permit should be returned to the initiator by performer & thereafter submitted to EHS Coordinator.</p> <p>3. Safe work permit request should be raised daily before start of work & permit register shall be available with EHS Coordinator.</p>	Doc. No: COI/CWW/25/00050
		Rev No: 50
		Rev Date: 22-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/25/00050	22-Sep-2025 01:07:33 PM	From 22-Sep-2025 07:00:00 AM To 22-Sep-2025 07:00:00 PM	Maintenance	

Work Description:	
{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 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
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<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: Cold Work Permit No.: WP/TTK/COI/CWW/25/00050
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 - 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)

Work Permit Closure
{ClosureRemarks}
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.

Work Permit History			
Date	Modified By	Comments	Attachments