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|  | <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: ESHMS/P/04 |
| | | Rev No: 1 |
| | | Rev Date: 14-Oct-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/CWWW/25/00090 | 13-Oct-2025 07:16 PM | From 13-Oct-2025 10:00 PM To 14-Oct-2025 06:00 AM | 25 regression | |

| | |
|--------------------------|--|
| Work Description: | |
|--------------------------|--|

1. Hazards Identified

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Presence of Toxic Gas Fumes | <input checked="" 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 |
|-----|----|----|---|
| | | 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. |
| | | NA | Ensure no unguarded openings |
| | | NA | Surrounding area is checked, cleaned & safe |
| | | NA | 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. |
| | | NA | 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 checked="" 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/25/00090 |
| Site EHS | |
| Name: Mounika Laisetti Approved On: 13-Oct-2025 07:17 PM | |

| 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... | | | | | |
| 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 | |
|---|--|
| 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 |
| 13-Oct-2025 07:17 PM | Mounika Laisetti | Status has been updated to Approved | |
| 13-Oct-2025 07:16 PM | Shreya V | A new record was created: Uid set to 'WP/TTK/COI/CWW/25/00090' Category Name set to 'Cold Work' Work Permit Status Name set to 'Submit' | |