

	<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>  <b>Note:</b> 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: ESHMS/P/04
		Rev No: 1
		Rev Date: 14-Oct-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/CWWW/25/00091	13-Oct-2025 07:23 PM	From 13-Oct-2025 10:00 PM To 14-Oct-2025 06:00 AM	Stores	

<b>Work Description:</b>	
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### 1. Hazards Identified

<input checked="" type="checkbox"/> Presence of Toxic Gas Fumes	<input checked="" type="checkbox"/> Presence of Flammable Gas Fumes	<input checked="" type="checkbox"/> Work on Standing Ladder	<input type="checkbox"/> Work on Scaffolding
<input checked="" type="checkbox"/> Slip Hazard	<input checked="" 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 checked="" 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 checked="" 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
YES			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
		NA	Has all piping been isolated by disconnect? (Physical Spool Removal or Blind Provided)
		NA	Has all electrical equipment associated with the vessel been locked out and tagged out & tested out?
		NA	Is vessel clean and free of hazardous residue?

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

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/25/00091
<b>Site EHS</b>	
Name: Mounika Laisetti Approved On: 13-Oct-2025 07:24 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.	
<b>Name &amp; Sign of the Job Performer / Contractor's Supervisor :</b>	<b>Name &amp; Sign of the Permit Initiator:</b>

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
<b>Contractual employees covered by ESI or any other policy - Yes / NO (HR Head &amp; Plant Head approval is required if mentioned as NO) – Both Signatures: _____ / _____</b>						

Work Permit Extension
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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...					
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.....
<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>

Work Permit History			
Date	Modified By	Comments	Attachments
13-Oct-2025 07:24 PM	Mounika Laisetti	Status has been updated to Approved	
13-Oct-2025 07:23 PM	Shreya V	A new record was created: Uid set to 'WP/TTK/COI/CWW/25/00091' Category Name set to 'Cold Work, Confined Space Entry' Work Permit Status Name set to 'Submit'	