

	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: 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/25/00095	13-Oct-2025 08:02 PM	From 13-Oct-2025 10:00 PM To 14-Oct-2025 06:00 AM	25 regression	

Work Description:	
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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: wf

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
YES			Surrounding area is checked, cleaned & safe
		NA	Equipment properly drained / de pressurized
YES			LOTO to applied for the work & equipment is safe
YES			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

☐ 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: 234
LOTO Tag Reference No.: df			

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/25/00095
Site EHS	
Name: Mounika Laissetti Approved On: 13-Oct-2025 08:06 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
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 08:06 PM	Mounika Laissetti	Status has been updated to Approved	
13-Oct-2025 08:02 PM	Shreya V	A new record was created: Uid set to 'WP/TTK/COI/CWW/25/00095' Category Name set to 'Cold Work' Work Permit Status Name set to 'Submit'	