

	<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. 2. Permit should be returned to the initiator by performer & thereafter submitted to E-S Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with E-S Coordinator.</p>	Doc. No: ESHMS/P/04
		Rev No: 1
		Rev Date: 04-Nov-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/25/00107	04-Nov-2025 11:16 AM	From 05-Nov-2025 10:34 AM To 05-Nov-2025 11:34 AM	Maintenance	

Work Description:	Work description
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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 checked="" 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	Check Points for the Initiator
✓			Is all hand tools & equipment's inspected & tag provided?
	✓		Area is free from any Loose electrical joint/cables & sharp edges.
✓			Ensure no underground cables & pipelines in vicinity of work area.
	✓		Ensure no unguarded openings
✓			Surrounding area is checked, cleaned & safe
		✓	Equipment properly drained / de pressurized
✓			LOTO to applied for the work & equipment is safe
			Availability of sufficient illumination at work spot. Checked relevant PPE.
		✓	People are competent to do the work
			Any other source of potential hazard if any remove before start of work.
			All necessary guarding provided in the rotary objects
			Safety devices are not bypassed
			Ensure the work not carrying in running operation
			Caution board mentioning "Job in Progress" installed near working area.
			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 checked="" 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 checked="" type="checkbox"/> Scaffolds & Ladders	<input checked="" type="checkbox"/> Forced Ventilation	<input type="checkbox"/> Safety Shoes
<input type="checkbox"/> Fire Extinguisher No.	<input checked="" type="checkbox"/> Locks / Tags	<input type="checkbox"/> Barricades	Any other:
LOTO Tag Reference No.:			

4. 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/25/00107
Site EHS	
Name: Mounika Laisetti Approved On: 04-Nov-2025 11:20 AM	

5. 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:

6. 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 History			
Date	Modified By	Comments	Attachments
04-Nov-2025 11:20 AM	Mounika Laisetti	Status has been updated to Approved	
04-Nov-2025 11:16 AM	Pending Training	A new record was created: Uid set to 'WP/TTK/COI/CWW/25/00107' Category Name set to 'Cold Work' Work Permit Status Name set to 'Submit' Department Incharge set to 'Kumar Samarjeet'	