

	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 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.	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/25/00108	04-Nov-2025 04:12 PM	From 04-Nov-2025 05:10 PM To 04-Nov-2025 06:00 PM	Maintenance	HYDERABAD edit

Work Description:	DESC edit
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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 checked="" type="checkbox"/> Work on Scaffolding
<input checked="" type="checkbox"/> Slip Hazard	<input checked="" type="checkbox"/> Improper Access to reach confined space work area	<input checked="" type="checkbox"/> Lack of Oxygen Level	<input checked="" type="checkbox"/> Unguarded Opening
<input checked="" type="checkbox"/> No access ladder inside the confined space	<input checked="" 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 checked="" type="checkbox"/> Mechanical / Electrical Sparks	<input checked="" type="checkbox"/> Sharp Edges	<input checked="" type="checkbox"/> Trip Hazard	<input type="checkbox"/> Noise / Vibration
<input checked="" type="checkbox"/> Excavation Collapse	<input checked="" type="checkbox"/> Steam	<input checked="" type="checkbox"/> Work near Over Head Electrical Line	<input checked="" type="checkbox"/> Static Electricity
<input checked="" type="checkbox"/> Work on Running Vessel / Tank	<input checked="" type="checkbox"/> Oil Spillage Observed	<input checked="" type="checkbox"/> Pressurized Line	Other Hazards: nothing

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 checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Hand Gloves	<input checked="" type="checkbox"/> Face Shield / Welding Goggle	<input checked="" type="checkbox"/> Apron
<input checked="" type="checkbox"/> Nose Mask / Respirators	<input checked="" type="checkbox"/> Ear Plug / Muff	<input checked="" type="checkbox"/> Helmet	<input checked="" type="checkbox"/> Warning Signs
<input checked="" type="checkbox"/> Safety Harness / Lifeline	<input checked="" type="checkbox"/> Scaffolds & Ladders	<input checked="" type="checkbox"/> Forced Ventilation	<input checked="" type="checkbox"/> Safety Shoes
<input checked="" type="checkbox"/> Fire Extinguisher No.	<input checked="" type="checkbox"/> Locks / Tags	<input checked="" type="checkbox"/> Barricades	Any other: no
LOTO Tag Reference No.: gg456			

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/25/00108
Site EHS Name: Mounika Laisetti Approved On: 04-Nov-2025 04:14 PM	

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 Closure	
Closure Remarks	
<input type="checkbox"/> Work completed & Housekeeping done	<input type="checkbox"/> Work Cancelled due to Operational Reasons
<input type="checkbox"/> Work Permit Rejected	<input type="checkbox"/> Work Permit Not Approved
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 stopped after permit rejection.	

Work Permit History			
Date	Modified By	Comments	Attachments
04-Nov-2025 04:14 PM	Mounika Laisetti	Status has been updated to Approved	
04-Nov-2025 04:14 PM	Mounika Laisetti	Approving the permit	
04-Nov-2025 04:12 PM	Lalit Aditya Kola	A new record was created: Uid set to 'WP/TTK/COI/CWW/25/00108' Category Name set to 'Cold Work' Work Permit Status Name set to 'Submit' Department Incharge set to 'ADITYA CHAKRABORTY'	