

	<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.	<b>Doc. No: ESHMS/P/04</b>
		<b>Rev No: 1</b>
		<b>Rev Date: 13-Nov-2025</b>

Cold Work, Electrical Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/CWW/25/00119	12-Nov-2025 11:36:53 PM	From 13-Nov-2025 11:34:00 AM To 13-Nov-2025 05:34:00 PM	Maintenance	

<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 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 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	<b>Other Hazards:</b>	
<input type="checkbox"/> Flammable Materials Nearby	<input type="checkbox"/> Noise	<input type="checkbox"/> Improper Access	<input type="checkbox"/> Work on Running Machine	
<input type="checkbox"/> Tripp Hazard	<input type="checkbox"/> Height Work	<input type="checkbox"/> Presence of Flammable Gas	<input checked="" type="checkbox"/> Moving Machinery	
<input checked="" type="checkbox"/> Confined Space	<input checked="" type="checkbox"/> Vibration			
<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Check Points for the Initiator</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustible Materials Nearby	

2. Control Measures
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**If any of the above criteria required is not met, then do not issue the work permit.:**

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
	✓		Is LOTO applied on Incoming power supply
	✓		Conducted a thorough inspection of the work area and identified potential electrical hazards
	✓		Ensured all necessary precautions have been taken to mitigate electrical risks
	✓		Confirmed that all relevant permits, licenses, and authorizations have been obtained
			Verified that all personnel involved in the electrical work activity have received appropriate training and possess the required skills
			Verified that the work area is free from any potential electrical hazards or risks
			Provided workers with appropriate personal protective equipment (PPE) for electrical work
			Verified that workers are aware of the proper procedures for electrical isolation, lockout/tagout, and testing before starting work
			Ensured proper isolation of electrical equipment from the power source and tagged/locked out
			Conducted a final inspection before authorizing the electrical work activity
			Communicated all necessary safety precautions to workers
			Confirmed that appropriate testing equipment, such as voltage testers and multimeters, are available and in proper working condition
			Ensured that workers are trained in the safe handling of electrical equipment and materials
			Verified that workers have received proper training on electrical safety
			Established and communicated an emergency response plan

### 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 checked="" type="checkbox"/> Ear Plug / Muff	<input checked="" 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"/> Rescue Hook	<input type="checkbox"/> Electrical Insulated Gloves	<input type="checkbox"/> Helmet with Face Shield
<input type="checkbox"/> Earth Discharge Rod	<input type="checkbox"/> General Hand Gloves	<input type="checkbox"/> Arc Protection Suite	<input type="checkbox"/> Barricades & Warning Signs
<b>Locks / Tags No.:</b>	<b>Fire Extinguisher No.:</b>	<b>Any other: :</b>	

4. 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, Electrical Work Permit No.: WP/TTK/COI/CWW/25/00119
<b>EHS Head</b>	<b>Site EHS</b>
<b>Name:</b> Lalit Aditya Kola <b>Approved On:</b> 12-Nov-2025 11:42:05 PM	<b>Name:</b> Mounika Laissetti <b>Approved On:</b> 12-Nov-2025 11:43:04 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.	
<b>Name &amp; Sign of the Job Performer / Contractor's Supervisor :</b>	<b>Name &amp; Sign of the Permit Initiator:</b>

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
<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> _____ / _____						

7. Work Permit Extension				
<b>Permit Extension to the Next Shift -</b> Should the permit be extended, the affected / next operating shift will be fully informed about all the conditions stated on the permit, hazards associated with control measures, and ensured that it is safe for the work to the period stated, provided they are followed and maintained throughout the extended period.				
<b>Work Permit Extension for next shift</b> (Mention Date & Time For Extension)	<b>Permit Initiator</b>	<b>Job Performer</b>	<b>Permit Take Over By</b>	<b>Extension Requested (Hours)</b>
From: 11/13/2025 11:34:00 AM To: 11/13/2025 5:34:00 PM	Lalit Aditya Kola	lakshman	Mounika Laissetti	5

Work Permit Closure
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Closure Remarks	
<input checked="" type="checkbox"/> Work completed & Housekeeping done <input type="checkbox"/> Work Permit Rejected	<input type="checkbox"/> Work Cancelled due to Operational Reasons <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: _____	
<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 stopped after permit rejection.</b>	

Work Permit History			
Date	Modified By	Comments	Attachments
12-Nov-2025 11:44:52 PM	Lalit Aditya Kola	Status has been updated to Closed	NA
12-Nov-2025 11:44:52 PM	Lalit Aditya Kola	Work permit closed	NA
12-Nov-2025 11:44:07 PM	Lalit Aditya Kola	Status has been updated to Extension Approved	NA
12-Nov-2025 11:43:04 PM	Mounika Laissetti	Status has been updated to Approved	NA
12-Nov-2025 11:43:04 PM	Mounika Laissetti	Approve	NA
12-Nov-2025 11:42:04 PM	Lalit Aditya Kola	Status has been updated to Partially Approved	NA
12-Nov-2025 11:41:21 PM	Lalit Aditya Kola	Status has been updated to Submitted	NA
12-Nov-2025 11:41:07 PM	Mounika Laissetti	Status has been updated to Rejected	NA
12-Nov-2025 11:41:07 PM	Mounika Laissetti	Reject	NA
12-Nov-2025 11:38:04 PM	Lalit Aditya Kola	Status has been updated to Partially Approved	NA
12-Nov-2025 11:37:58 PM	Lalit Aditya Kola	Status has been updated to Submitted	NA
12-Nov-2025 11:37:50 PM	Lalit Aditya Kola	Status has been updated to Rejected	NA
12-Nov-2025 11:37:38 PM	Lalit Aditya Kola	Status has been updated to Submitted	NA
12-Nov-2025 11:36:54 PM	Lalit Aditya Kola	A new record was created: Uid set to 'WP/TTK/COI/CWW/25/00119' Category Name set to 'Cold Work, Electrical Work' Work Permit Status Name set to 'Draft' Department Incharge set to 'Shreya Ved'	NA