

	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-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/25/00121	14-Nov-2025 01:46:02 AM	From 14-Nov-2025 01:44:00 AM To 14-Nov-2025 02:44:00 AM	Project and Maintenance	

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 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 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 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	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/25/00121
SiTe EnS	
Name: Mbunika OSM Approved On: 14-Nov-2025 01:47:19 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 Closure
Closure Remarks
<div> <input checked="" type="checkbox"/> Work completed & Housekeeping done <input type="checkbox"/> Work Cancelled due to Operational Reasons </div> <div> <input type="checkbox"/> Work Permit Rejected <input type="checkbox"/> Work Permit Not Approved </div>
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
14-Nov-2025 01:50:57 AM	Lalit Aditya Kola	closed	NA
14-Nov-2025 01:50:48 AM	Lalit Aditya Kola	Status has been updated to Closed	NA
14-Nov-2025 01:50:48 AM	Lalit Aditya Kola	Work permit closed	NA
14-Nov-2025 01:47:39 AM	Mounika OSM	Approved	NA
14-Nov-2025 01:47:19 AM	Mounika OSM	Status has been updated to Approved	NA
14-Nov-2025 01:46:03 AM	Lalit Aditya Kola	A new record was created: Uid set to 'WP/TTK/COI/CWW/25/00121' Category Name set to 'Cold Work' Work Permit Status Name set to 'Submit'	NA