

	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: COI/EWW/25/00001
		Rev No: 1
		Rev Date: 17-Sep-2025

Excavation Work, Hot Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/EWW/25/00001	17-Sep-2025 04:04:39 PM	From 17-Sep-2025 03:52:00 PM To 18-Sep-2025 12:00:00 AM	Maintenance	

Work Description:	
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{ElectricalSpecificRows}

1. Hazards Identified

<input type="checkbox"/> Under Ground Electrical Cables	<input checked="" type="checkbox"/> Underground IT cables	<input checked="" type="checkbox"/> Underground Fire Water Lines	<input checked="" type="checkbox"/> Underground Water Lines
<input checked="" type="checkbox"/> Underground diesel / chemical lines	<input checked="" type="checkbox"/> Don't know the underground utilities	<input checked="" type="checkbox"/> Wet area	<input checked="" type="checkbox"/> Concrete Floor area
<input checked="" type="checkbox"/> Other Underground utilities	<input checked="" type="checkbox"/> Vehicle movement in 5 m radius	<input checked="" type="checkbox"/> Building / structures in 1 m radius	<input checked="" type="checkbox"/> Excavation depth more than 1 feet
<input checked="" type="checkbox"/> Manual Excavation	<input checked="" type="checkbox"/> Mechanical Excavation	<input type="checkbox"/> Dust	<input type="checkbox"/> Trip / Slip Hazard
<input type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Excavation Collapse	<input checked="" type="checkbox"/> Water Seepage	<input type="checkbox"/> Work near Over Head Electrical Line
<input type="checkbox"/> Road Blockage	<input checked="" type="checkbox"/> Frequent people movement at nearby	<input type="checkbox"/> Emergency route blockage	<input type="checkbox"/> Loose Soils
<input checked="" type="checkbox"/> Presence of Toxic Gas Fumes	<input type="checkbox"/> Sharp Edges	<input checked="" type="checkbox"/> Poor Lighting	<input checked="" type="checkbox"/> Combustible Materials Nearby
<input type="checkbox"/> Presence of Flammable Gas	<input checked="" type="checkbox"/> Tripp Hazard	<input checked="" type="checkbox"/> Static Electricity	<input checked="" type="checkbox"/> Flammable Materials Nearby
<input checked="" type="checkbox"/> Improper Access	<input checked="" type="checkbox"/> Unguarded Opening	<input checked="" type="checkbox"/> Slip Hazard	<input checked="" type="checkbox"/> Steam
<input checked="" type="checkbox"/> Oil Spillage Observed	<input checked="" type="checkbox"/> Moving / Running Machinery	<input checked="" type="checkbox"/> Confined Space	<input checked="" type="checkbox"/> Vibration
<input checked="" type="checkbox"/> Height Work	<input checked="" type="checkbox"/> Work on Fragile Roofs	<input checked="" type="checkbox"/> Mechanical / Electrical Spark	<input checked="" type="checkbox"/> Noise
<input checked="" type="checkbox"/> Pressurized Line	Other Hazards::	Other Hazard(s):	

2. Control Measures

If any of the above criteria required is not met, then do not issue the work permit.:			
Yes	No	NA	Question
	NO		Is all hand tools & equipment's inspected & green tag provided?
	NO		Electrical Isolation – If yes, Is Isolation Done?
	NO		Other pipeline / utilities Isolation – Is Isolation Done
	NO		Drawings checked for underground Piping, Electrical or Instrumentation cable
	NO		Is layout drawing attached & excavation area was marked
	NO		Is Signature taken from Maintenance & IT for underground utility clearance in attached layout drawing
	NO		Is Excavation tools like crow bars, etc are Insulated
	NO		Shoring (required for excavation depth exceeding 5 feet)
	NO		Is vehicle movement stopped at nearby area (for 5 m radius) if depth more than 2 feet
	NO		Mechanical Excavation – Is vehicle inspected & green tag provided
	NO		Is trail pit tried for the underground utility identification?
	NO		Is access ladder available for entry into excavated area (Depth more than 2 feet)

	NO		Is Area barricaded for unauthorized people movement & warning signage's displayed?
	NO		Is adequate lighting provided, if work planned on dark hours?
	NO		If emergency route blocked, Is alternate route identified & communicated to stakeholders?
	NO		If any of the above criteria required is not met, then do not issue the work permit
	NO		Has the equipment mechanically locked to avoid rotation?
	NO		Has the insulation of electrical equipment been checked before the work start?
	NO		Have all the hand tools inspected & green tag provided?
YES			Have all flammable or combustible material been removed from work site (at least 3 meters away)?
YES			Has proper ventilation & lighting provided?
YES			Is Fire blanket required & provided?
YES			Is fire hydrant & fire water pump system in operation
YES			Is a fire extinguisher available and ready?
YES			Is gas monitoring carrying for hot work carrying in flammable storage area?
YES			Has a fire watch person been assigned while performing hot work? Name.....
	NO		If sparks fall to lower levels, has adequate protection been provided?
	NO		Has the work and adjacent areas been isolated with warning tapes and barricades.
	NO		Flashback arrestor provided on nozzle torch as well as on cylinder regulator
YES			Monitor the Hot work area after completing of the work for 1 Hr Name..... Time.....
	NO		Is the people planned for hot work is well experience & trained
	NO		Is general safety induction given to the people working in hot work area
	NO		Is the adequate PPEs listed in Section 3 is available with the work crew

3. Safety Equipment Requirement & PPE to be used

<input 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 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	<input checked="" type="checkbox"/> Ear Plug/ Muff
<input checked="" type="checkbox"/> LOTO	<input type="checkbox"/> Barricades & Warning Signs	<input checked="" type="checkbox"/> Any Other:	Any other :
LOTO Tag Reference No.:	LOTO Tag Reference No.:		

Work Permit Authorization	
Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Excavation Work, Hot Work Permit No.: WP/TTK/COI/EWW/25/00001
NA	NA
Name: Lalit Aditya Kola Signature with Date & Time: _____	Name: Sayan Mondal Signature with Date & Time: _____

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					
<p align="center">Permit Extension to the Next Shift - No Extension for Roof Work, Confined Space activity after 6 pm</p> <p align="center">Should the permit be extended the affected / next operating shift will be fully informed...</p>					
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
{ClosureRemarks}
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: <u>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.</u>

{WorkPermitHistory}

Work Permit History			
Date	Modified By	Comments	Attachments