

<div>TTK Prestige</div> <div>LIMITED</div>	<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, &amp; third copy shall be retained in the book itself.</p> <p><b>Note:</b></p> <p>1. Under no circumstances permitted work should be carried out after the close time of the work permit.</p> <p>2. Permit should be returned to the initiator by performer &amp; thereafter submitted to EHS Coordinator.</p> <p>3. Safe work permit request should be raised daily before start of work &amp; permit register shall be available with EHS Coordinator.</p>	Doc. No: COI/EWW/25/00003
		Rev No: 3
		Rev Date: 18-Sep-2025

Electrical Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/EWW/25/00003	18-Sep-2025 09:16:31 AM	From 18-Sep-2025 10:00:00 PM To 19-Sep-2025 06:00:00 AM	Maintenance	

Work Description:	
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Location of Work

Location of Work : tower 1
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Work Description

Work Description: safety
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Voltage Level

Voltage Level : 230 V
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Voltage Level (Other) Please Specify

Voltage Level (Other) Please Specify :
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Equipment being Used:

Equipment being Used: :
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1. Hazards Identified

<input type="checkbox"/> Flammable Materials Nearby	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Height Work	<input type="checkbox"/> Work near Over Head Electrical Line
<input type="checkbox"/> Improper Access	<input type="checkbox"/> Moving Machinery	<input type="checkbox"/> Work on Running Machine	<input type="checkbox"/> Presence of Toxic Gas Fumes
<input type="checkbox"/> Presence of Flammable Gas	<input checked="" type="checkbox"/> Unguarded Opening	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Mechanical / Electrical Sparks
<input checked="" type="checkbox"/> Sharp Edges	<input type="checkbox"/> Tripp Hazard	<input type="checkbox"/> Slip Hazard	<input type="checkbox"/> Excavation Collapse
<input type="checkbox"/> Noise	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Static Electricity	<input type="checkbox"/> Steam
<input type="checkbox"/> Vibration	<input type="checkbox"/> Pressurized Line	Other Hazards: :	
Yes	No	NA	Question
	NO		Combustible Materials Nearby

2. Control Measures

If any of the above criteria required is not met, then do not issue the work permit.:			
Yes	No	NA	Question
YES			Is LOTO applied on Incoming power supply
YES			Conducted a thorough inspection of the work area and identified potential electrical hazards

	NO		Ensured all necessary precautions have been taken to mitigate electrical risks
	NO		Verified that all personnel involved in the electrical work activity have received appropriate training and possess the required skills
	NO		Confirmed that all relevant permits, licenses, and authorizations have been obtained
	NO		Verified that the work area is free from any potential electrical hazards or risks
	NO		Ensured proper isolation of electrical equipment from the power source and tagged/locked out
	NO		Provided workers with appropriate personal protective equipment (PPE) for electrical work
	NO		Conducted a final inspection before authorizing the electrical work activity
	NO		Communicated all necessary safety precautions to workers
	NO		Confirmed that appropriate testing equipment, such as voltage testers and multimeters, are available and in proper working condition
	NO		Verified that workers are aware of the proper procedures for electrical isolation, lockout/tagout, and testing before starting work
	NO		Ensured that workers are trained in the safe handling of electrical equipment and materials
	NO		Verified that workers have received proper training on electrical safety
	NO		Established and communicated an emergency response plan

### 3. Safety Equipment Requirement & PPE to be used

<input type="checkbox"/> Rescue Hook	<input type="checkbox"/> General Hand Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Electrical Insulated Gloves
<input type="checkbox"/> Ear Plug / Muff	<input type="checkbox"/> Helmet with Face Shield	<input type="checkbox"/>	<input type="checkbox"/> Arc Protection Suite
<input type="checkbox"/> Scaffolds & Ladders	<input type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Earth Discharge Rod	<input type="checkbox"/> Safety Shoes
<input type="checkbox"/> Baricades & Warning Signs	<b>Locks / Tags No.:</b>	<b>Fire Extinguisher No.:</b>	<b>Any other :</b>

Work Permit Authorization			
<b>Cross Referred Permits</b> – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Permit No.:	Permit Type: Permit No.:	Permit Type: Permit No.:
<b>NA</b>			
Name: Abhinav Srivastava 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.	
<b>Name &amp; Sign of the Job Performer / Contractor's Supervisor :</b>	<b>Name &amp; Sign of the Permit Initiator:</b>

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: \_\_\_\_\_ / \_\_\_\_\_

<b>Work Permit Extension</b>
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**Permit Extension to the Next Shift - No Extension for Roof Work, Confined Space activity after 6 pm**

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 Hand Over By</b> (During Shift Hand Over) Name of the Initiator	<b>Permit Take Over By</b> (During Shift Hand Over) Name of the Initiator
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**Work Permit Closure**

Work completed & Housekeeping done (To be filled by under whom supervision work was done) YES / NO

**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 stop after permit rejection.**