

	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: 09-Oct-2025

Excavation Work, Height Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/EWWW/25/00010	09-Oct-2025 10:45:45 AM	From 09-Oct-2025 02:00:00 PM To 09-Oct-2025 10:00:00 PM	Maintenance	

Work Description:	
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1. Hazards Identified

<input checked="" 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 checked="" type="checkbox"/> Dust	<input checked="" type="checkbox"/> Trip / Slip Hazard
<input checked="" type="checkbox"/> Noise / Vibration	<input checked="" type="checkbox"/> Excavation Collapse	<input checked="" type="checkbox"/> Water Seepage	<input checked="" type="checkbox"/> Work near Over Head Electrical Line
<input checked="" type="checkbox"/> Road Blockage	<input checked="" type="checkbox"/> Frequent people movement at nearby	<input checked="" type="checkbox"/> Emergency route blockage	<input checked="" type="checkbox"/> Loose Soils
Other Hazards:: none	<input checked="" type="checkbox"/> Presence of Toxic Gas Fumes	<input checked="" type="checkbox"/> Sharp Edges	<input checked="" type="checkbox"/> Poor Lighting
<input checked="" type="checkbox"/> Height Work (Above 2 Meter.)	<input checked="" type="checkbox"/> Combustible Materials Nearby	<input checked="" type="checkbox"/> Trip Hazard	<input checked="" type="checkbox"/> Static Electricity
<input checked="" type="checkbox"/> Work on Fragile Roofs	<input checked="" type="checkbox"/> Improper Access to reach height	<input checked="" type="checkbox"/> Work near sharp edges in ground level	<input checked="" type="checkbox"/> Slip Hazard
<input checked="" type="checkbox"/> Steam	<input checked="" type="checkbox"/> Work on Standing Ladder	<input checked="" type="checkbox"/> Work on Moving Machinery	<input checked="" type="checkbox"/> Confined Space
<input checked="" type="checkbox"/> Oil Spillage Observed	<input checked="" type="checkbox"/> Work on Scaffolding	<input checked="" type="checkbox"/> Unguarded Opening	<input checked="" type="checkbox"/> Mechanical / Electrical Sparks
<input checked="" type="checkbox"/> Pressurized Line			

2. Control Measures

Is all hand tools & equipment's inspected & green tag provided?: sd	Electrical Isolation – If yes, Is Isolation Done?: fere	File: 0	Attachment: 0
Name of the person _____:	If any of the above criteria required is not met, then do not issue the work permit.: ef		

Yes	No	NA	Question
YES			Is all hand tools & equipment's inspected & green tag provided?
	NO		Electrical Isolation – If yes, Is Isolation Done?
		NA	Other pipeline / utilities Isolation – Is Isolation Done
YES			Drawings checked for underground Piping, Electrical or Instrumentation cable
	NO		Is layout drawing attached & excavation area was marked
		NA	Is Signature taken from Maintenance & IT for underground utility clearance in attached layout drawing
YES			Is Excavation tools like crow bars, etc are Insulated
	NO		Shoring (required for excavation depth exceeding 5 feet)

		NA	Is vehicle movement stopped at nearby area (for 5 m radius) if depth more than 2 feet
YES			Mechanical Excavation – Is vehicle inspected & green tag provided
	NO		Is trail pit tried for the underground utility identification?
		NA	Is access ladder available for entry into excavated area (Depth more than 2 feet)
YES			Is Area barricaded for unauthorized people movement & warning signage's displayed?
	NO		Is adequate lighting provided, if work planned on dark hours?
		NA	If emergency route blocked, Is alternate route identified & communicated to stakeholders?
YES			If any of the above criteria required is not met, then do not issue the work permit
	NO		Is all hand tools & equipment's inspected & tag provided?
		NA	If Work is to be carried on fragile roof then life line provided to prevent a fall
YES			Use of full body harness with life line and provision available to anchor life line and lanyard of harness
	NO		Proper access / Ladder is to be provided to reach at work place and use safety belt with life line
		NA	Proper staging, platform and handrails provided (Top rail, Mid rail & Toe guard) provided
YES			Precaution should be taken to avoid falling of tools from height
	NO		Caution board indicating "MEN AT WORK" displayed and barricading provided
		NA	Disconnected any electrical equipment with in proximity of working at height before startup of work
YES			Persons / Certified rigger medically fit and sufficiently trained
	NO		No overhead electrical cables above the working platform
		NA	If scaffold used, Checked the condition of scaffolding & found satisfactory
YES			Any other source of potential hazard identified (Fire, Explosion, Fumes, Electrical leakages, Slippery surface); Whether source of hazard removed
	NO		For electrical height work, is FRP ladder available
		NA	Is stand by person available to hold the ladder Name: _____
YES			Is ladder placing in 75 deg angle?
	NO		Is ladder inspected, physical condition is good & certified with green tag?
		NA	Is nearby vehicle movement are eliminated & barricaded?
YES			For roof work, Is Job Safety Analysis was conducted & approved by Central HSE Head? – Mandatory for Roof Work
	NO		Stop the work during rain, heavy wind & any other abnormal environment

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 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.:	Safety Glasses:	Nose Mask / Respirators:	<input type="checkbox"/> Ear Plug/ Muff
<input type="checkbox"/> Locks/ tags No. _____	Locks/ tags No. _____:	<input type="checkbox"/> Barricades & Warning Signs	<input type="checkbox"/> Any Other:
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, Height Work Permit No.: WP/TTK/COI/EWW/25/00010
Admin	Site EHS	Plant Head
Name: Raj Kumar Pativada Approved On: NA	Name: Lalit Aditya Kola Approved On: NA	Name: Sayan Mondal Approved On: NA

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
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.

Work Permit History			
Date	Modified By	Comments	Attachments
09-Oct-2025 10:45:46 AM	Raj Kumar Pativada	A new record was created: Uid set to 'WP/TTK/COI/EWW/25/00010' Category Name set to 'Excavation Work, Height Work' Work Permit Status Name set to 'Draft'	