


|   |   |                       |
|---|---|-----------------------|
|  | <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><br><br><b>Note:</b><br>1. Under no circumstances permitted work should be carried out after the close time of the work permit.<br>2. Permit should be returned to the initiator by performer & thereafter submitted to EHS Coordinator.<br>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: 22-Oct-2025 |
|   |   |                       |

## Electrical Work Permit

| Permit No.               | Date                    | Time<br>(Max 8 hrs or end of the shift)                    | Work Performing Department | Location of Work |
|--------------------------|-------------------------|--|----------------------------|------------------|
| WP/TTK/COI/EWWW/25/00015 | 22-Oct-2025 12:17:42 PM | From 22-Oct-2025 02:00:00 PM<br>To 22-Oct-2025 10:00:00 PM | Polishing                  |                  |

|                      |       |           |
|----------------------|-------|-----------|
| Work Description:    |       |           |
| Voltage Level        | 440 V | Other: NA |
| Equipment being Used | NA    |           |

### 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 checked="" type="checkbox"/> Presence of Toxic Gas Fumes    |
| <input type="checkbox"/> Presence of Flammable Gas  | <input checked="" type="checkbox"/> Unguarded Opening | <input checked="" type="checkbox"/> Confined Space | <input checked="" 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             | <b>Other Hazards :</b>                             |  |

| Yes | No | NA | Question                     |
|-----|----|----|------------------------------|
|     |    | NA | Combustible Materials Nearby |

### 2. Control Measures

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

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

|  |   |   |  |
|--|---|---|--|
| <input checked="" 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"/> Arc Protection Suite | <input type="checkbox"/> Scaffolds & Ladders         |
| <input type="checkbox"/> Safety Harness / Lifeline | <input type="checkbox"/> Earth Discharge Rod        | <b>Locks / Tags No.:</b>                      | <b>Fire Extinguisher No.:</b>                        |
| <input type="checkbox"/> Safety Shoes              | <input type="checkbox"/> Barricades & Warning Signs | <b>Any other: :</b>                           |  |

| Work Permit Authorization   |  |
|---|--|
| <b>Cross Referred Permits</b> – To be filled by Initiator<br>(Other type of Work Permits for Same Work) | Permit Type: Electrical Work<br>Permit No.: WP/TTK/COI/EWWW/25/00015 |
| <b>Employee</b>   |  |
| Name: Abcd DEFG<br>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. |   |
| <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 |
|  |                                    |             |           |                                    |             |           |
|  |                                    |             |           |                                    |             |           |
|  |                                    |             |           |                                    |             |           |
|  |                                    |             |           |                                    |             |           |
|  |                                    |             |           |                                    |             |           |
| <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> |                                    |             |           |                                    |             |           |

| Work Permit Extension  |                         |                      |                            |                            |                                    |
|--|-------------------------|----------------------|----------------------------|----------------------------|------------------------------------|
| <b>Permit Extension to the Next Shift - <u>No Extension for Roof Work, Confined Space activity after 6 pm</u></b><br><br>Should the permit be extended the affected / next operating shift will be fully informed... |                         |                      |                            |                            |                                    |
| <b>Work Permit Extension for next shift<br/>(Mention Date &amp; Time For Extension)</b>  | <b>Permit Initiator</b> | <b>Job Performer</b> | <b>Permit Hand Over By</b> | <b>Permit Take Over By</b> | <b>Extension Requested (Hours)</b> |

| 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.....   |
| <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 stop after permit rejection.</b> |

| Work Permit History        |                    |   |             |
|----------------------------|--------------------|---|-------------|
| Date                       | Modified By        | Comments  | Attachments |
| 22-Oct-2025<br>12:17:43 PM | Raj Kumar Pativada | A new record was created: Uid set to 'WP/TTK/COI/EWWW/25/00015' Category Name set to 'Electrical Work' Work Permit Status Name set to 'Draft' |             |