

	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 E-S Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with E-S Coordinator.	Doc. No: ESHMS/P/04
		Rev No: 1
		Rev Date: 23-Oct-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/25/00019	23-Oct-2025 09:41:29 AM	From 23-Oct-2025 07:00:00 AM To 23-Oct-2025 03:00:00 PM	Maintenance	tower 1

Work Description:	electrical work			
<input checked="" type="checkbox"/> 230 V	<input type="checkbox"/> 440 V	<input type="checkbox"/> 11 KV / Other (Specify)	990 V	
Equipment being used:	axe			

1. Hazards Identified				
<input checked="" type="checkbox"/> Flammable Materials Nearby	<input checked="" type="checkbox"/> Oil Spillage Observed	<input checked="" type="checkbox"/> Height Work	<input checked="" type="checkbox"/> Work near Over Head Electrical Line	
<input checked="" type="checkbox"/> Improper Access	<input checked="" type="checkbox"/> Moving Machinery	<input checked="" type="checkbox"/> Work on Running Machine	<input type="checkbox"/> Presence of Toxic Gas Fumes	
<input checked="" type="checkbox"/> Presence of Flammable Gas	<input checked="" type="checkbox"/> Unguarded Opening	<input type="checkbox"/> Confined Space	<input checked="" type="checkbox"/> Mechanical / Electrical Sparks	
<input 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 : Safety		
YES	NO	NA	Check Points for the Initiator	
	<input checked="" type="checkbox"/>		Combustible Materials Nearby	

2. Control Measures				
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YES	NO	NA	Check Points for the Initiator
✓			Is LOTO applied on Incoming power supply
✓			Conducted a thorough inspection of the work area and identified potential electrical hazards
	✓		Ensured all necessary precautions have been taken to mitigate electrical risks
	✓		Verified that all personnel involved in the electrical work activity have received appropriate training and possess the required skills
		✓	Confirmed that all relevant permits, licenses, and authorizations have been obtained
		✓	Verified that the work area is free from any potential electrical hazards or risks
			Ensured proper isolation of electrical equipment from the power source and tagged/locked out
			Provided workers with appropriate personal protective equipment (PPE) for electrical work
			Conducted a final inspection before authorizing the electrical work activity
			Communicated all necessary safety precautions to workers
			Confirmed that appropriate testing equipment, such as voltage testers and multimeters, are available and in proper working condition
			Verified that workers are aware of the proper procedures for electrical isolation, lockout/tagout, and testing before starting work
			Ensured that workers are trained in the safe handling of electrical equipment and materials
			Verified that workers have received proper training on electrical safety
			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 checked="" type="checkbox"/> Electrical Insulated Gloves
<input type="checkbox"/> Ear Plug / Muff	<input type="checkbox"/> Helmet with Face Shield	<input checked="" type="checkbox"/> Arc Protection Suite	<input type="checkbox"/> Scaffolds & Ladders
<input type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Earth Discharge Rod	Locks / Tags No.: 223	Fire Extinguisher No.: 12
<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Barricades & Warning Signs	Any other: : Safety	

4. Work Permit Authorization	
Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Electrical Work Permit No.: WP/TTK/COI/EWW/25/00019
Admin	
Name: Abhinav Srivastava Approved On: NA	

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 type="checkbox"/> Work completed & Housekeeping done <input type="checkbox"/> Work Cancelled due to Operational Reasons </div> <div> <input checked="" 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
23-Oct-2025 10:04:39 AM	Shreya V	Safety check	<div> <div></div> <div>"I CAN DO WHATEVER I WANT TODAY."</div> </div>
23-Oct-2025 10:02:20 AM	Shreya V	safety	<div> <div></div> <div>"I CAN DO WHATEVER I WANT TODAY."</div> </div>
23-Oct-2025 09:41:30 AM	Shreya V	A new record was created: Uid set to 'WP/TTK/COI/EWW/25/00019' Category Name set to 'Electrical Work' Work Permit Status Name set to 'Submit' Department Incharge set to 'ADITYA CHAKRABORTY'	NA