

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/25/00021	23-Oct-2025 11:11:22 AM	From 23-Oct-2025 11:10:00 AM To 23-Oct-2025 05:00:00 PM	Project and Maintenance	310

Work Description:	electrical work		
Voltage Level	11 KV / Other		Other: no others
Equipment being Used	Equipments		

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 checked="" type="checkbox"/> Work on Running Machine	<input checked="" type="checkbox"/> Presence of Toxic Gas Fumes
<input checked="" 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 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 checked="" type="checkbox"/> Vibration	<input checked="" type="checkbox"/> Pressurized Line	Other Hazards :	
Yes	No	NA	Question
YES			Combustible Materials Nearby

< Inspection details



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I/TTK/COI/ACC/25/00021



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Inspection details

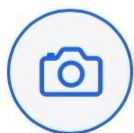


Checklist



Comments*

Enter comments



Camera



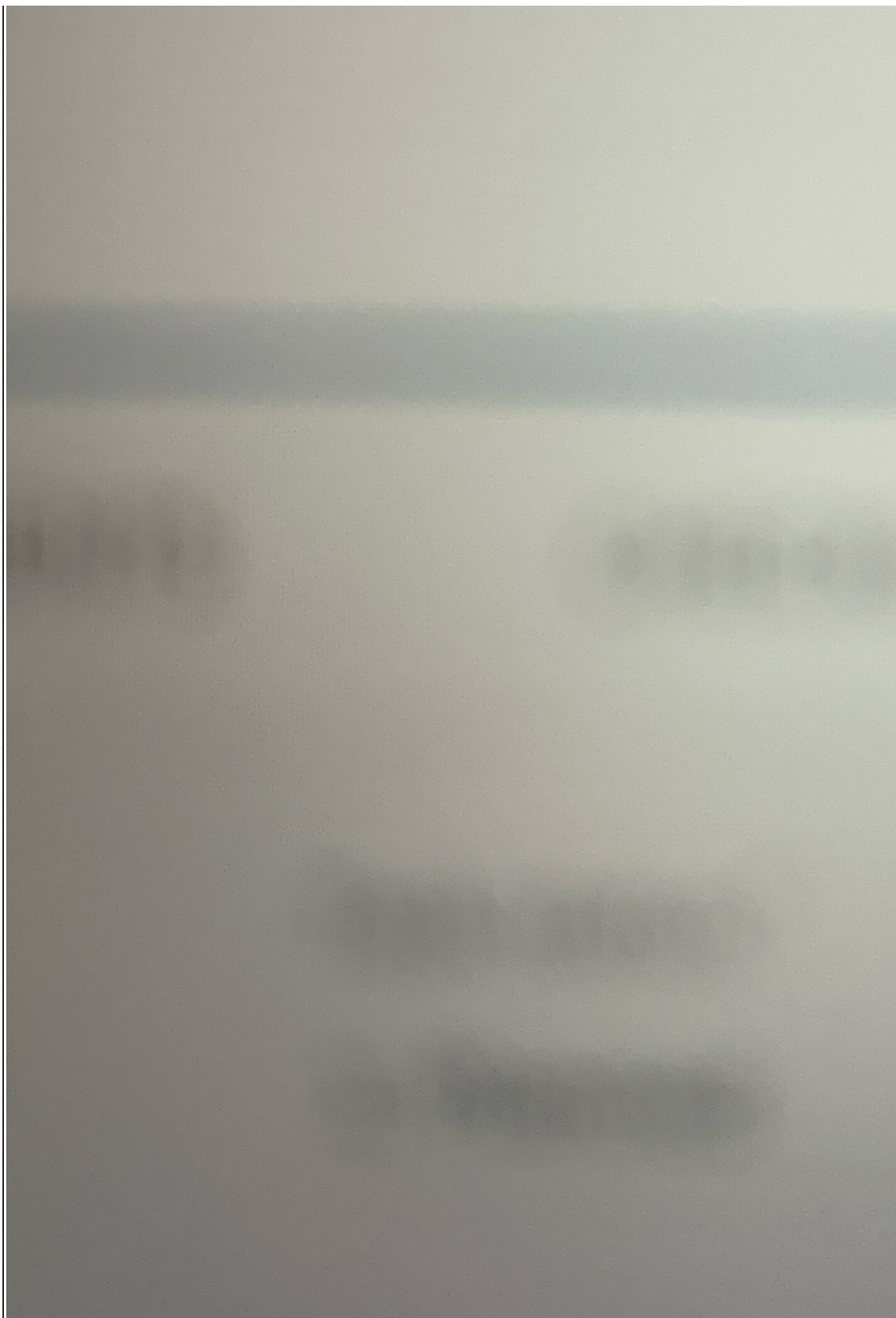
Gallery



Video



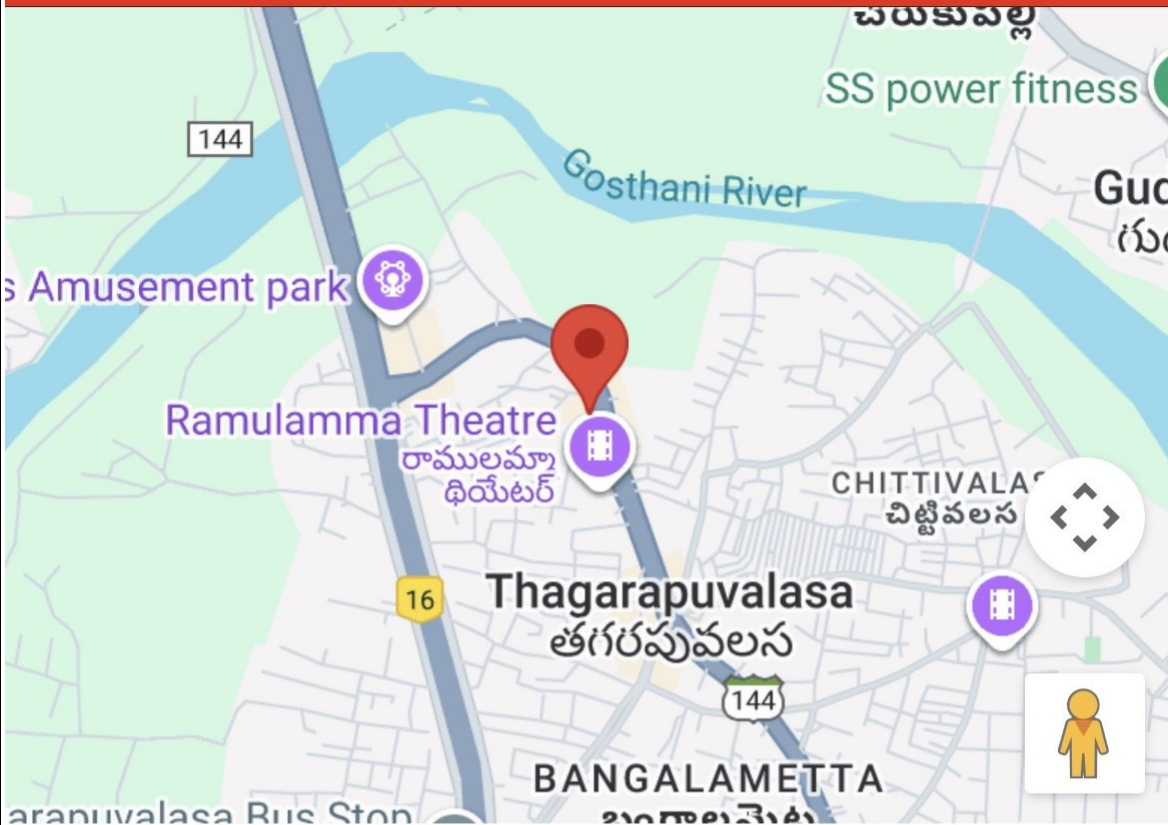
Audio



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2. Control Measures

If any of the above criteria required is not met, then do not issue the work permit.: no others, and good to go

Yes	No	NA	Question
YES			Is LOTO applied on Incoming power supply
		NA	Conducted a thorough inspection of the work area and identified potential electrical hazards
YES			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
		NA	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
YES			Ensured that workers are trained in the safe handling of electrical equipment and materials
YES			Verified that workers have received proper training on electrical safety
YES			Established and communicated an emergency response plan



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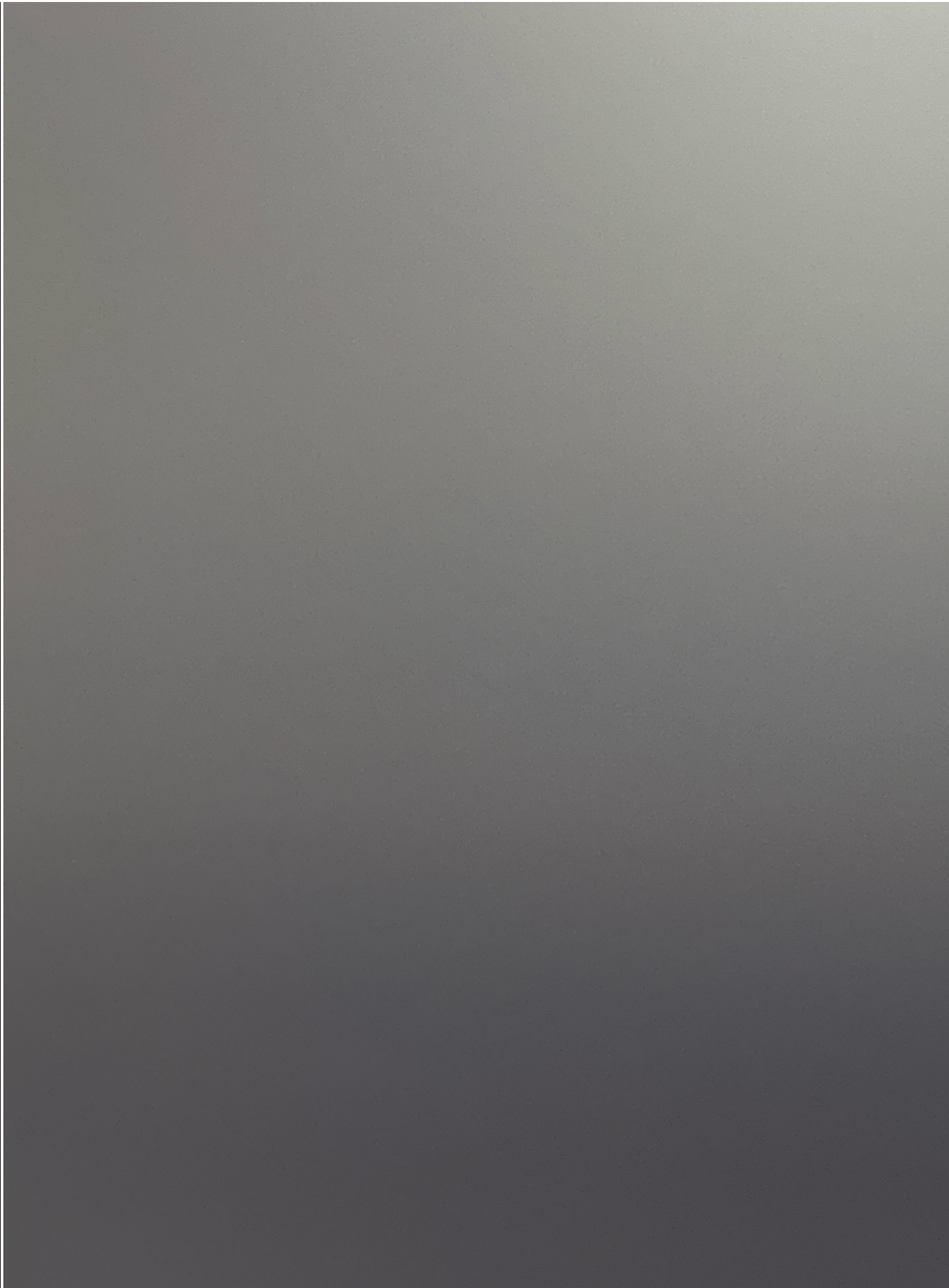


Video



Audio





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3. Safety Equipment Requirement & PPE to be used

<input checked="" type="checkbox"/> Rescue Hook	<input checked="" type="checkbox"/> General Hand Gloves	<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Electrical Insulated Gloves
<input checked="" type="checkbox"/> Ear Plug / Muff	<input type="checkbox"/> Helmet with Face Shield	<input checked="" type="checkbox"/> Arc Protection Suite	<input checked="" type="checkbox"/> Scaffolds & Ladders
<input checked="" type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Earth Discharge Rod	Locks / Tags No.: 25783	Fire Extinguisher No.: 6
<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Barricades & Warning Signs	Any other: : no others	

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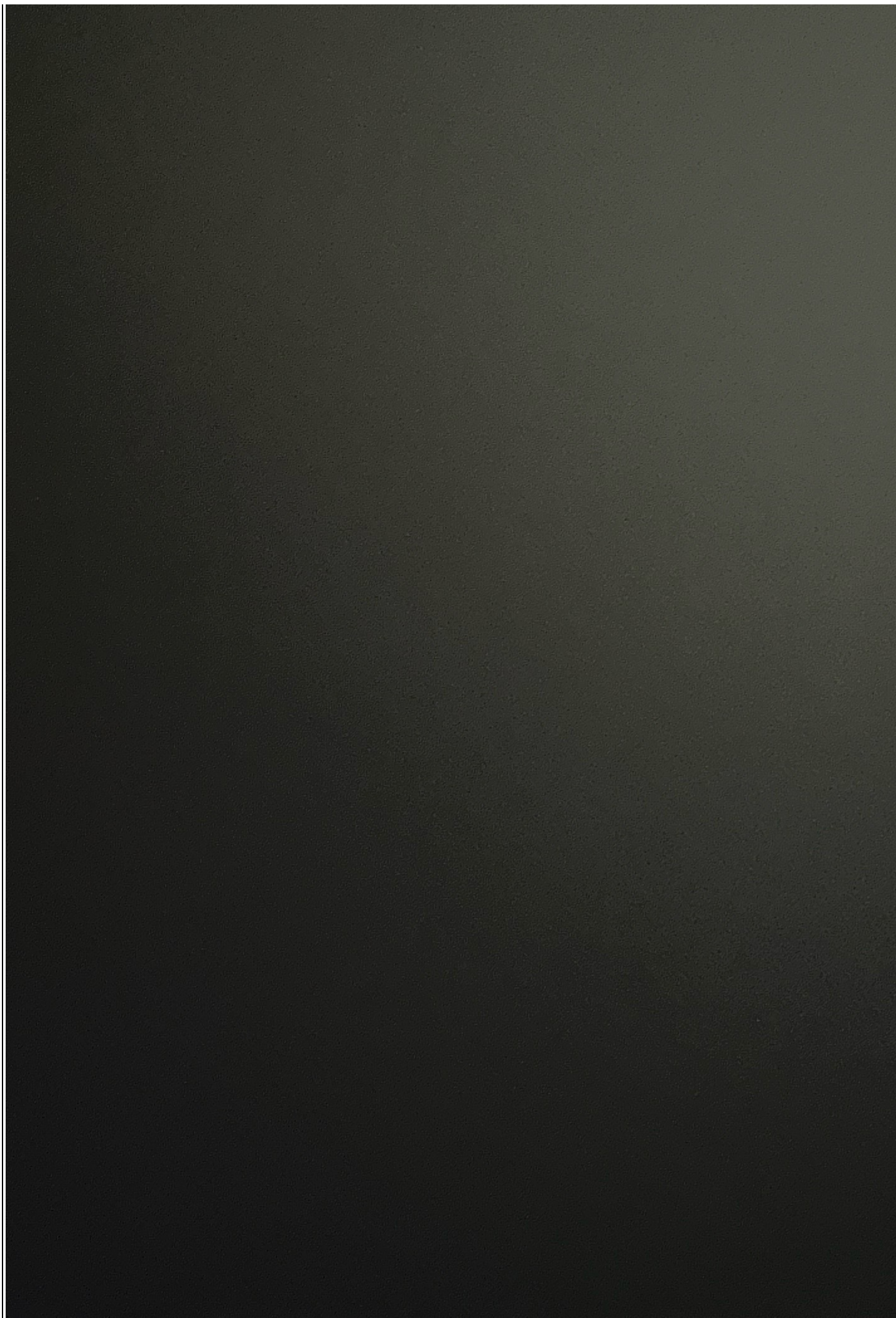
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Work Permit Authorization

Cross Referred Permits – To be filled by Initiator
(Other type of Work Permits for Same Work)

Employee

Name: Reporting manager
Approved On: 23-Oct-2025 11:31:41 AM

Permit Type: Electrical Work
Permit No.: WP/TTK/CO/EWW/25/00021

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

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...

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)
From: 10/23/2025 11:10:00 AM To: 10/23/2025 5:00:00 PM	Reporting manager	reporting manager	Reporting manager	NA	2

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
23-Oct-2025 11:31:41 AM	Reporting manager	Status has been updated to Approved	
23-Oct-2025 11:21:19 AM	Reporting manager	Status has been updated to Submitted	
23-Oct-2025 11:11:23 AM	Reporting manager	A new record was created: Uid set to 'WP/TTK/CO/EWW/25/00021' Category Name set to 'Electrical Work' Work Permit Status Name set to 'Draft'	