

<div>TTK Prestige</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, & third copy shall be retained in the book itself.</p> <p>Note:</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 & thereafter submitted to EHS Coordinator.</p> <p>3. Safe work permit request should be raised daily before start of work & permit register shall be available with EHS Coordinator.</p>	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/25/00022	23-Oct-2025 01:02 PM	From 23-Oct-2025 02:00 PM To 23-Oct-2025 10:00 PM	Maintenance	Hyderabad

Work Description:	Testing		
Voltage Level	230 V	Other:	
Equipment being Used			

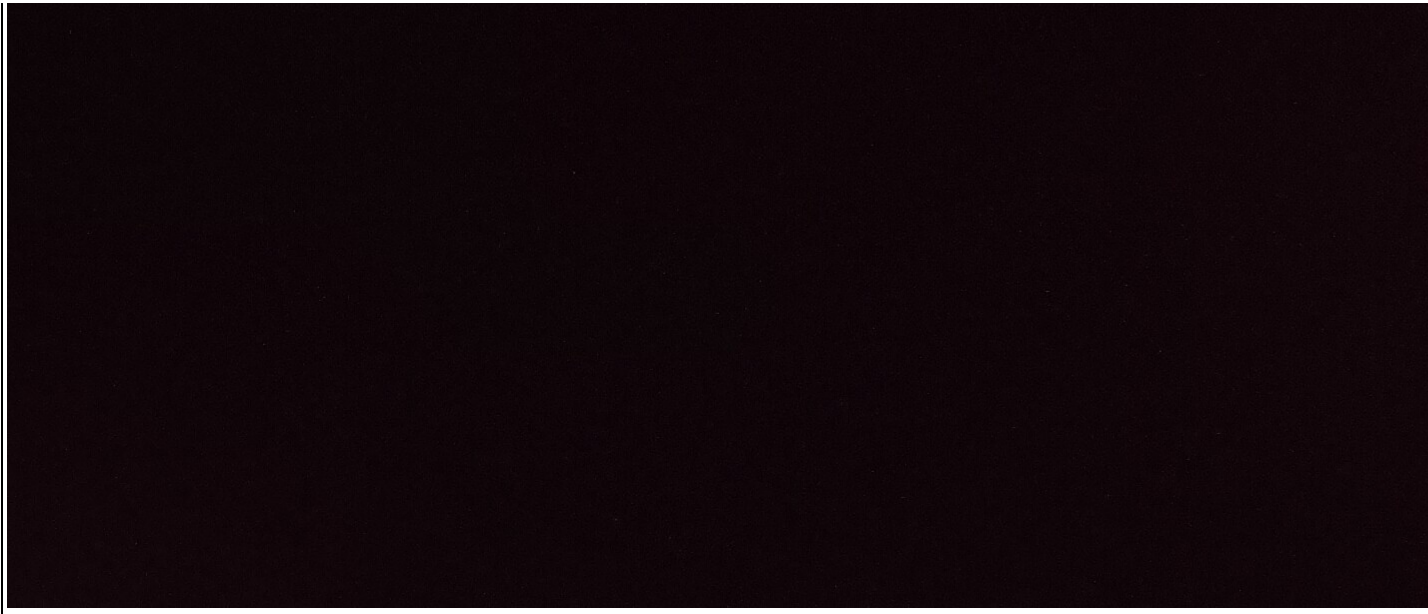
1. Hazards Identified

<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 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 checked="" type="checkbox"/> Sharp Edges	<input checked="" type="checkbox"/> Tripp Hazard	<input checked="" type="checkbox"/> Slip Hazard	<input checked="" type="checkbox"/> Excavation Collapse
<input checked="" type="checkbox"/> Noise	<input checked="" type="checkbox"/> Poor Lighting	<input checked="" type="checkbox"/> Static Electricity	<input checked="" type="checkbox"/> Steam
<input type="checkbox"/> Vibration	<input checked="" type="checkbox"/> Pressurized Line	Other Hazards: :	
Yes	No	NA	Question
YES			Combustible Materials Nearby

The first part of the paper discusses the importance of the research and the objectives of the study. It then proceeds to a literature review, followed by a description of the methodology used. The results of the study are presented in the next section, followed by a discussion of the findings and their implications. The paper concludes with a summary of the main points and a list of references.

The research was conducted in a systematic and rigorous manner, following the principles of good research practice. The data collected was analyzed using appropriate statistical methods, and the results were presented in a clear and concise manner. The findings of the study are discussed in detail, and their implications for practice and policy are explored. The paper is well-structured and easy to read, and it provides a valuable contribution to the field of research.

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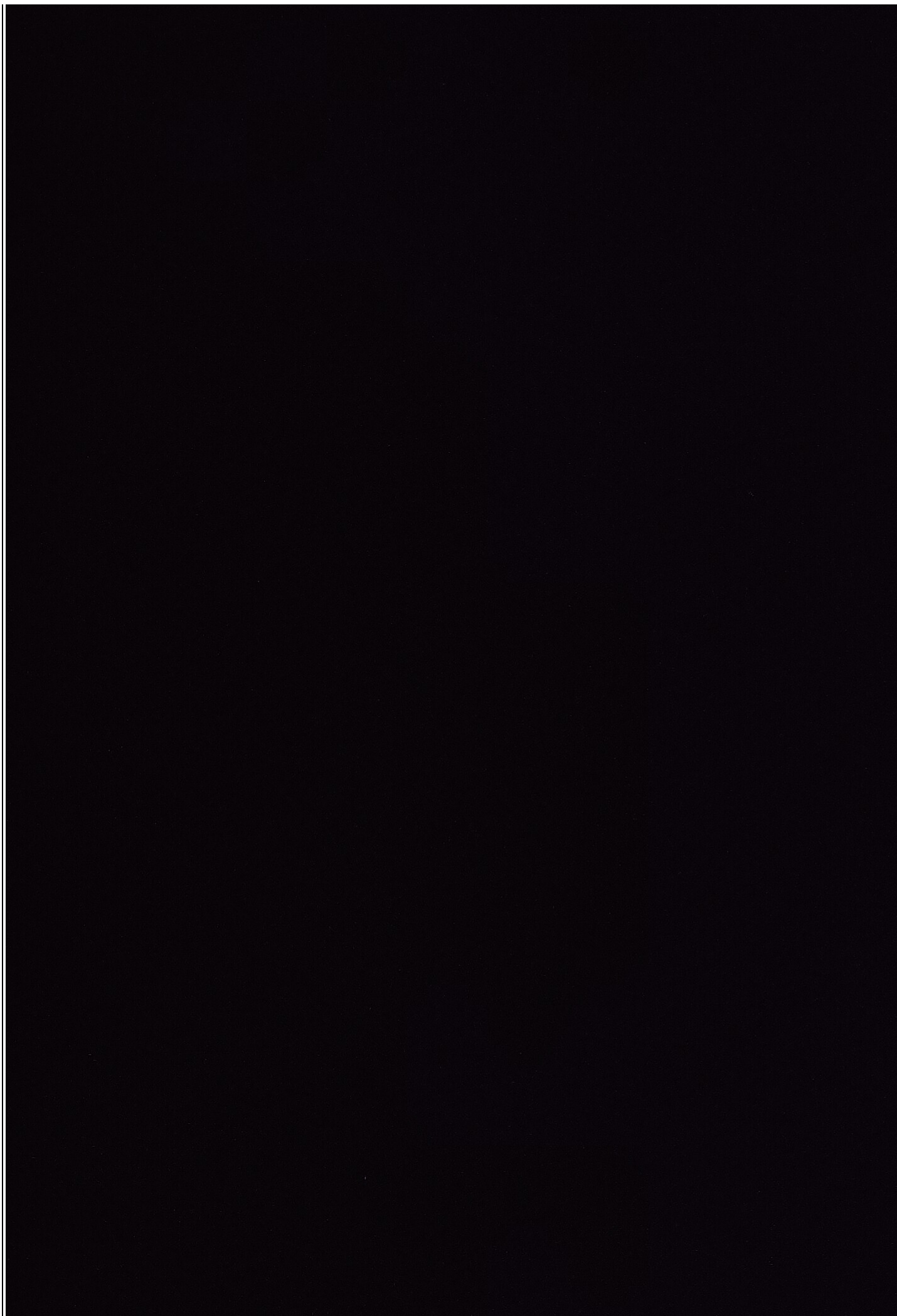
2. Control Measures

If any of the above criteria required is not met, then do not issue the work permit.:			
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
		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
		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 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 checked="" 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 checked="" type="checkbox"/> Earth Discharge Rod	Locks / Tags No.:	Fire Extinguisher No.:
<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Barricades & Warning Signs	Any other: :	







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/CO/EWW/25/00022
Employee	
Name: Reporting manager Approved On: 23-Oct-2025 01:04 PM	

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)

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 01:04 PM	Reporting manager	Status has been updated to Approved	
23-Oct-2025 01:03 PM	Reporting manager	Status has been updated to Submitted	
23-Oct-2025 01:03 PM	Reporting manager	Status has been updated to Rejected	
23-Oct-2025 01:02 PM	Reporting manager	A new record was created: Uid set to 'WP/TTK/COI/EVWW/25/00022' Category Name set to 'Electrical Work' Work Permit Status Name set to 'Submit'	