

<div>TTK Prestige</div> <div>LIMITED</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 E-S Coordinator.</p> <p>3. Safe work permit request should be raised daily before start of work & permit register shall be available with E-S Coordinator.</p>	Doc. No: ESHMS/P/04
		Rev No: 1
		Rev Date: 24-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/25/00025	23-Oct-2025 07:07:45 PM	From 23-Oct-2025 07:05:00 PM To 24-Oct-2025 10:00:00 PM	Maintenance	

Work Description:						
<input type="checkbox"/>	230 V	<input type="checkbox"/>	440 V	<input type="checkbox"/>	11 KV / Other (Specify)	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 checked="" 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 type="checkbox"/> Presence of Toxic Gas Fumes	
<input type="checkbox"/> Presence of Flammable Gas		<input checked="" type="checkbox"/> Unguarded Opening		<input type="checkbox"/> Confined Space		<input 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 : other hazards			
YES	NO	NA	Check Points for the Initiator				
			Combustible Materials Nearby				
Attachments							
<div><div></div><div><div>X</div><div>Headers</div><div>Payload</div><div>Preview</div><div>Response</div><div>Initiator</div><div>Timing</div></div><div><div>⌵</div><div>(Status: "Error", Message: "An unexpected error occurred.")</div><div>Message: "An unexpected error occurred."</div><div>Status: "Error"</div></div></div>							

2. Control Measures

If any of the above criteria required is not met, then do not issue the work permit.: good to go

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

Attachments

<input type="checkbox"/> Vibration		<input type="checkbox"/> Pressurized Line		Other Hazards:													
YES	NO	NA	Check Points for the Initiator														
			Combustible Materials Nearby														
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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 checked="" type="checkbox"/> Earth Discharge Rod	Locks / Tags No.: 987654321	Fire Extinguisher No.: 9
<input type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Barricades & Warning Signs	Any other: : No others	

Attachments

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	<input checked="" type="checkbox"/>		Verified that the work area is free from any potential electrical hazards or risks

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/EWWW/25/00025

Site EHS

Name: Mounika Laisetti

Approved On: 23-Oct-2025 07:08:09 PM

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: _____ / _____

7. Work Permit Extension				
Permit Extension to the Next Shift - Should the permit be extended, the affected / next operating shift will be fully informed about all the conditions stated on the permit, hazards associated with control measures, and ensured that it is safe for the work to the period stated, provided they are followed and maintained throughout the extended period.				
Work Permit Extension for next shift (Mention Date & Time For Extension)	Permit Initiator	Job Performer	Permit Take Over By	Extension Requested (Hours)
From: 10/23/2025 7:05:00 PM To: 10/24/2025 10:00:00 PM	Mounika Laissetti	Mounika	Mounika Laissetti	4

Work Permit Closure
Closure Remarks
<div> <input checked="" type="checkbox"/> Work completed & Housekeeping done <input type="checkbox"/> Work Cancelled due to Operational Reasons </div> <div> <input 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 07:08:55 PM	Mounika Laissetti	Status has been updated to Closed	NA																												
23-Oct-2025 07:08:09 PM	Mounika Laissetti	Status has been updated to Approved	NA																												
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