

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.

- Under no circumstances permitted work should be carried out after the close time of the work permit.
 Permit should be returned to the initiator by performer & thereafter submitted to B-S Coordinator.
 Safe work permit request should be raised daily before start of work & permit register shall be available with B-S Coordinator.

| Doc. No: ESHMS/P/04 |
|-----------------------|
| Rev No: 1 |
| Rev Date: 28-Nov-2025 |

Electrical Work Permit

| Permit No. Da | | | | te | Time (Max 8 hrs or end | | nd of the shift) | Work Perfo | orming Department | Location of Work | |
|-------------------------------------|--|--|--------------------|---|--|---------------|------------------|---------------------|-------------------|------------------|--|
| WP/TTK/COI/EWW/25/00051 27- | | | | Nov-2025 09:50 PM | From 27-Nov-2025 10:30 PM To 28-Nov-2025 06:00 AM | | | 25 regression | | | |
| | | | | | | | | | | | |
| Work | Descrip | tion: | | | | | | | | | |
| | 230 V | 30 V ☐ 440 V ☐ 11 KV / Other (Specify) | | | | | | | | | |
| Equip | ment be | eing us | æd: | | | | | | | | |
| 1. Haz | ards Ide | entified | d | | | | | | | | |
| Flammable Materials Nearby | | | | ☐ Unguarded Opening | | ☐ Oil Spillag | je Observed | ☐ Noise | | | |
| Work near Over Head Electrical Line | | | ☐ Improper Access | | ☐ Work on Running Machine | | ine Tripp Haz | ☐ Tripp Hazard | | | |
| ☐ Height Work | | | Presence of Flamma | Presence of Flammable Gas Presence of Toxic Gas Fumes | | ☐ Moving N | flachinery | | | | |
| Mechanical / Electrical Sparks | | | Static Electricity | | ☐ Confined Space | | ☐ Excavation | Excavation Collapse | | | |
| ☐ Sharp Edges | | | ☐ Slip Hazard | | Poor Lighting | | ☐ Pressuriz | ☐ Pressurized Line | | | |
| ☐ Steam | | | ☐ Vibration | | Other Hazards: : | | | | | | |
| YES | YES NO NA Check Points for the Initiator | | | | | | | | | | |
| | | Combustible Materials Nearby | | | | | | | | | |
| 2. Control Measures | | | | | | | | | | | |

| If any of the above criteria required is not met, then do not issue the work permit.: | | | | | | | | | |
|--|---|----------|--------------------------|--|--|-------------------------------------|--|--|--|
| YES | NO | NA | | Check Points for the Initiator | | | | | |
| | | | ls LOTO appli | ls LOTO applied on Incoming power supply | | | | | |
| | | | Conducted a f | Conducted a thorough inspection of the work area and identified potential electrical hazards | | | | | |
| | | | Ensured all ne | ecessary precautions have been take | n to mitigate electrical risks | | | | |
| | | | Confirmed tha | t all relevant permits, licenses, and a | uthorizations have been obtained | | | | |
| | | | Verified that a skills | Ill personnel involved in the electrical v | work activity have received appropriate | training and possess the required | | | |
| | | | Verified that the | ne work area is free from any potentia | al electrical hazards or risks | | | | |
| | | | Provided work | ers with appropriate personal protecti | ve equipment (PPE) for electrical work | (| | | |
| | | | Verified that w work | vorkers are aware of the proper proced | dures for electrical isolation, lockout/ta | agout, and testing before starting | | | |
| | | | Ensured propo | er isolation of electrical equipment fro | m the power source and tagged/locke | d out | | | |
| | | | Conducted a f | final inspection before authorizing the | electrical work activity | | | | |
| | | | Communicate | d all necessary safety precautions to | workers | | | | |
| | | | Confirmed that condition | t appropriate testing equipment, such | n as voltage testers and multimeters, a | are available and in proper working | | | |
| | | | Ensured that | workers are trained in the safe handli | ng of electrical equipment and materia | ls | | | |
| | | | Verified that v | vorkers have received proper training o | on electrical safety | | | | |
| | | | Established a | nd communicated an emergency resp | oonse plan | | | | |
| | | | | | | | | | |
| 3. Safe | ety Equ | ipment | t Requirement | & PPE to be used | | | | | |
| <u></u> □ F | Rescue | Hook | | ☐ Electrical Insulated Gloves | ☐ Helmet with Face Shield | ☐ Safety Harness / Lifeline | | | |
| | Earth Di | scharge | e Rod | ☐ Safety Shoes | ☐ General Hand Gloves | ☐ Safety Glasses | | | |
| E | Ear Pluç | g / Muff | | ☐ Arc Protection Suite | ☐ Scaffolds & Ladders | Barricades & Warning Signs | | | |
| Locks | s / Tags | No.: | | Fire Extinguisher No.: | Any other: : | | | | |
| | | | | | | | | | |
| | | | horization | | | | | | |
| | 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/25/00051 | | | | | | | | |
| EHS Head | | | | | HoDs | | | | |
| | Name: Lalit Aditya KolaName: ADTYA CHAKRABORTYApproved On: 27-Nov-2025 09:51 PMApproved On: 27-Nov-2025 09:56 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 | Name & Sign of the Job Performer / Contractor's Supervisor : Name & Sign of the Permit Initiator: | | | | | | | | |
| | <u> </u> | | | | | | | | |

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 | | | | | |
| ☐ Work completed & Housekeeping done | ☐ Work Cancelled due to Operational Reasons | | | | |
| ☐ Work Permit Rejected | | | | | |
| 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 | | | |
| 27-Nov-2025 09:56 PM | ADITYA CHAKRABORTY | Status has been updated to Approved | | | | |
| 27-Nov-2025 09:56 PM | ADITYA CHAKRABORTY | Standard Approver Approved. | | | | |
| 27-Nov-2025 09:51 PM | Lalit Aditya Kola | Status has been updated to Partially Approved | | | | |
| 27-Nov-2025 09:51 PM | Lalit Aditya Kola | L1 Approved | | | | |
| 27-Nov-2025 09:50 PM | Shreya V | A new record was created: Uid set to 'WP/TTK/COI/EWW/25/00051' Category Name set to 'Electrical Work' Work Permit Status Name set to 'Submit' | | | | |