	<b>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, &amp; third copy shall be retained in the book itself.</b>  <b>Note:</b> 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.	<b>Doc. No: ESHMS/P/04</b>
		<b>Rev No: 1</b>
		<b>Rev Date: 02-Dec-2025</b>

Excavation Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/EWW/25/00055	02-Dec-2025 03:50:40 PM	From 02-Dec-2025 10:00:00 PM To 03-Dec-2025 06:00:00 AM	25 regression	Hyderabad

<b>Work Description:</b>	
--------------------------	--

1. Hazards Identified			
<input checked="" type="checkbox"/> Under Ground Electrical Cables	<input checked="" type="checkbox"/> Underground IT cables	<input checked="" type="checkbox"/> Underground Fire Water Lines	<input type="checkbox"/> Underground Water Lines
<input type="checkbox"/> Underground diesel / chemical lines	<input type="checkbox"/> Don't know the underground utilities	<input checked="" type="checkbox"/> Wet area	<input type="checkbox"/> Concrete Floor area
<input type="checkbox"/> Other Underground utilities	<input checked="" type="checkbox"/> Vehicle movement in 5 m radius	<input type="checkbox"/> Building / structures in 1 m radius	<input type="checkbox"/> Excavation depth more than 1 feet
<input checked="" type="checkbox"/> Manual Excavation	<input type="checkbox"/> Mechanical Excavation	<input type="checkbox"/> Dust	<input type="checkbox"/> Trip / Slip Hazard
<input checked="" type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Excavation Collapse	<input type="checkbox"/> Water Seepage	<input checked="" type="checkbox"/> Work near Over Head Electrical Line
<input type="checkbox"/> Road Blockage	<input checked="" type="checkbox"/> Frequent people movement at nearby	<input type="checkbox"/> Emergency route blockage	<input type="checkbox"/> Loose Soils
<b>Other Hazards:</b>			

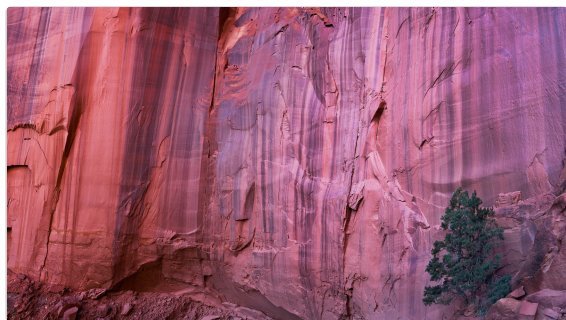
2. Control Measures
---------------------

Is all hand tools & equipment's inspected & green tag provided?: Yes			Electrical Isolation – If yes, Is Isolation Done?: Yes
YES	NO	NA	Check Points for the Initiator
<input checked="" type="checkbox"/>			Is all hand tools & equipment's inspected & green tag provided?
<input checked="" type="checkbox"/>			Electrical Isolation – If yes, Is Isolation Done?
<input checked="" type="checkbox"/>			Other pipeline / utilities Isolation – Is Isolation Done
<input checked="" type="checkbox"/>			Drawings checked for underground Piping, Electrical or Instrumentation cable
<input checked="" type="checkbox"/>			Is layout drawing attached & excavation area was marked
<input checked="" type="checkbox"/>			Is Signature taken from Maintenance & IT for underground utility clearance in attached layout drawing
<input checked="" type="checkbox"/>			Is Excavation tools like crow bars, etc are Insulated
<input checked="" type="checkbox"/>			Shoring (required for excavation depth exceeding 5 feet)
<input checked="" type="checkbox"/>			Is vehicle movement stopped at nearby area (for 5 m radius) if depth more than 2 feet
<input checked="" type="checkbox"/>			Mechanical Excavation – Is vehicle inspected & green tag provided
<input checked="" type="checkbox"/>			Is trail pit tried for the underground utility identification?
<input checked="" type="checkbox"/>			Is access ladder available for entry into excavated area (Depth more than 2 feet)
<input checked="" type="checkbox"/>			Is Area barricaded for unauthorized people movement & warning signage's displayed?
<input checked="" type="checkbox"/>			Is Area barricaded for unauthorized people movement & warning signage's displayed?
<input checked="" type="checkbox"/>			Is adequate lighting provided, if work planned on dark hours?
<input checked="" type="checkbox"/>			If emergency route blocked, Is alternate route identified & communicated to stakeholders?
<input checked="" type="checkbox"/>			If any of the above criteria required is not met, then do not issue the work permit

### 3. Safety Equipment Requirement & PPE to be used

<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Hand Gloves	<input checked="" type="checkbox"/> Face Shield / Welding Goggle	<input type="checkbox"/> Apron
<input checked="" type="checkbox"/> Nose Mask / Respirators	<input checked="" type="checkbox"/> Ear Plug / Muff	<input checked="" type="checkbox"/> Helmet	<input type="checkbox"/> Warning Signs
<input type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Scaffolds & Ladders	<input type="checkbox"/> Forced Ventilation	<input checked="" type="checkbox"/> Safety Shoes
<input type="checkbox"/> Fire Extinguisher No.	<input type="checkbox"/> Locks / Tags	<input type="checkbox"/> Barricades	<b>Any other :</b>
<b>LOTO Tag Reference No.:</b> LOTO-2314			

### Attachments



### 4. Work Permit Authorization

<b>Cross Referred Permits</b> – To be filled by Initiator (Other type of Work Permits for Same Work)		Permit Type: Excavation Work Permit No.: WP/TTK/COI/EWW/25/00055
<b>EHS Head</b>	<b>Employee</b>	<b>Site EHS</b>
<b>Name:</b> Lalit Aditya Kola <b>Approved On:</b> 02-Dec-2025 03:52:30 PM	<b>Name:</b> Sayan Mondal <b>Approved On:</b> 02-Dec-2025 03:54:15 PM	<b>Name:</b> Shreya V <b>Approved On:</b> 02-Dec-2025 03:55:40 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.	
<b>Name &amp; Sign of the Job Performer / Contractor's Supervisor :</b>	<b>Name &amp; Sign of the Permit Initiator:</b>

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
<input checked="" type="checkbox"/> Work completed & Housekeeping done <input type="checkbox"/> Work Cancelled due to Operational Reasons <input type="checkbox"/> Work Permit Rejected <input type="checkbox"/> Work Permit Not Approved
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: _____
<b>Note: This permit to be kept at job site. Work can not be done with rejected permit or without permit &amp; work shall be immediately stopped after permit rejection.</b>

Work Permit History			
Date	Modified By	Comments	Attachments
02-Dec-2025 03:50:41 PM	Lalit Aditya Kola	A new record was created: Uid set to 'WP/TTK/COI/EWW/25/00055' Category Name set to 'Excavation Work' Work Permit Status Name set to 'Submit'	NA