

<input style="width: 80%; height: 20px;" type="text"/>	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.	Doc. No: ESHMS/P/04
	Note: 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.	Rev No: 1
		Rev Date: 02-Feb-2026

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/26/00032	02-Feb-2026 06:06:14 PM	From 02-Feb-2026 07:00:00 PM To 02-Feb-2026 10:00:00 PM	Maintenance	

Work Description:	
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1. Hazards Identified

<input type="checkbox"/> Under Ground Electrical Cables	<input type="checkbox"/> Underground IT cables	<input 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 type="checkbox"/> Wet area	<input type="checkbox"/> Concrete Floor area
<input type="checkbox"/> Other Underground utilities	<input 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 type="checkbox"/> Manual Excavation	<input type="checkbox"/> Mechanical Excavation	<input type="checkbox"/> Dust	<input type="checkbox"/> Trip / Slip Hazard
<input type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Excavation Collapse	<input type="checkbox"/> Water Seepage	<input type="checkbox"/> Work near Over Head Electrical Line
<input type="checkbox"/> Road Blockage	<input type="checkbox"/> Frequent people movement at nearby	<input type="checkbox"/> Emergency route blockage	<input type="checkbox"/> Loose Soils
Other Hazards:			

2. Control Measures

Is all hand tools & equipment's inspected & green tag provided?:			Electrical Isolation – If yes, Is Isolation Done?:
YES	NO	NA	Check Points for the Initiator
			Is all hand tools & equipment's inspected & green tag provided?
			Electrical Isolation – If yes, Is Isolation Done?
			Other pipeline / utilities Isolation – Is Isolation Done
			Drawings checked for underground Piping, Electrical or Instrumentation cable
			Is layout drawing attached & excavation area was marked
			Is Signature taken from Maintenance & IT for underground utility clearance in attached layout drawing
			Is Excavation tools like crow bars, etc are Insulated
			Shoring (required for excavation depth exceeding 5 feet)
			Is vehicle movement stopped at nearby area (for 5 m radius) if depth more than 2 feet
			Mechanical Excavation – Is vehicle inspected & green tag provided
			Is trail pit tried for the underground utility identification?
			Is access ladder available for entry into excavated area (Depth more than 2 feet)
			Is Area barricaded for unauthorized people movement & warning signage's displayed?
			Is Area barricaded for unauthorized people movement & warning signage's displayed?
			Is adequate lighting provided, if work planned on dark hours?
			If emergency route blocked, Is alternate route identified & communicated to stakeholders?
			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 type="checkbox"/> Safety Glassess	<input type="checkbox"/> Hand Gloves	<input type="checkbox"/> Face Shield / Welding Goggle	<input type="checkbox"/> Apron
<input type="checkbox"/> Nose Mask / Respirators	<input type="checkbox"/> Ear Plug / Muff	<input 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 type="checkbox"/> Safety Shoes
<input type="checkbox"/> Fire Extinguisher No.	<input type="checkbox"/> Locks / Tags	<input type="checkbox"/> Barricades	Any other :
LOTO Tag Reference No.:			

Attachments
No images available
OQSHA_Health_2026-01-31_13-04-40-440_2026-02-02_12-36-14-3614_fc163e95-4a26-44ec-8531-7602e983105a.csv

4. Work Permit Authorization

Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work)		Permit Type: Excavation Work Permit No.: WP/TTK/COI/EWW/26/00032
Department Head	Department Head	Site EHS
Name: Abhinav Srivastava Approved On: NA	Name: gopi krishna krishna Approved On: NA	Name: Shreya Ved Approved On: NA

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.
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Name & Sign of the Job Performer / Contractor's Supervisor :	Name & Sign of the Permit Initiator:
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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 type="checkbox"/> Work completed & Housekeeping done	<input checked="" 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: _____

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
02-Feb-2026 06:06:36 PM	Shreya Ved	Status has been updated to Closed	NA
02-Feb-2026 06:06:14 PM	Shreya Ved	A new record was created: Site Name set to 'Coimbatore' Department set to 'Maintenance' Department Incharge set to 'gopi K' Type Of Permit set to 'Excavation Work' Contractor set to 'Omnified Connections' Name Of Requestor set to 'Shreya V' Shift set to 'Second Shift' Work Permit Date Start set to '02-Feb-2026' Work Permit Date End set to '02-Feb-2026' Work Permit Time Start set to '07:00 PM' Work Permit Time End set to '10:00 PM' Is Manual Ptw set to 'False' Status set to 'Submit'	NA