

	<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 EHS Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with EHS Coordinator.	<b>Doc. No:</b> COI/HOK/25/00011
		<b>Rev No:</b> 11
		<b>Rev Date:</b> 12-Sep-2025

## Hot Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/HOK/25/00011	12-Sep-2025 12:58:45 PM	From 12-Sep-2025 12:58:00 PM To 12-Sep-2025 06:00:00 PM	Maintenance	

<b>Work Description:</b>	
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{ElectricalSpecificRows}

### 1. Hazards Identified

<input checked="" type="checkbox"/> Presence of Toxic Gas Fumes	<input checked="" type="checkbox"/> Sharp Edges	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Combustible Materials Nearby
<input type="checkbox"/> Work near Over Head Electrical Line	<input checked="" type="checkbox"/> Presence of Flammable Gas	<input checked="" type="checkbox"/> Tripp Hazard	<input checked="" type="checkbox"/> Static Electricity
<input type="checkbox"/> Flammable Materials Nearby	<input type="checkbox"/> Improper Access	<input checked="" type="checkbox"/> Unguarded Opening	<input checked="" type="checkbox"/> Slip Hazard
<input checked="" type="checkbox"/> Steam	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Moving / Running Machinery	<input type="checkbox"/> Confined Space
<input checked="" type="checkbox"/> Excavation Collapse	<input checked="" type="checkbox"/> Vibration	<input type="checkbox"/> Height Work	<input type="checkbox"/> Work on Fragile Roofs
<input type="checkbox"/> Mechanical / Electrical Spark	<input checked="" type="checkbox"/> Noise	<input checked="" type="checkbox"/> Pressurized Line	<b>Other Hazard(s):</b> Other hazards are there but that is okay

### 2. Control Measures

If any of the above criteria required is not met, then do not issue the work permit.: Criteria is met			
Yes	No	NA	Question
	NO		Has the equipment mechanically locked to avoid rotation?
YES			Has the insulation of electrical equipment been checked before the work start?
YES			Have all the hand tools inspected & green tag provided?
	NO		Have all flammable or combustible material been removed from work site (at least 3 meters away)?
	NO		Has proper ventilation & lighting provided?
	NO		Is Fire blanket required & provided?
YES			Is fire hydrant & fire water pump system in operation
	NO		Is a fire extinguisher available and ready?
YES			Is gas monitoring carrying for hot work carrying in flammable storage area?
		NA	Has a fire watch person been assigned while performing hot work? Name.....
YES			If sparks fall to lower levels, has adequate protection been provided?
	NO		Has the work and adjacent areas been isolated with warning tapes and barricades.
	NO		Flashback arrestor provided on nozzle torch as well as on cylinder regulator
YES			Monitor the Hot work area after completing of the work for 1 Hr Name..... Time.....
		NA	Is the people planned for hot work is well experience & trained
	NO		Is general safety induction given to the people working in hot work area
YES			Is the adequate PPEs listed in Section 3 is available with the work crew

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

<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Nose Mask / Respirators	<input checked="" type="checkbox"/> Safety Harness / Lifeline	<input checked="" type="checkbox"/> Fire Extinguisher No.
<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Hand Gloves	<input checked="" type="checkbox"/> Ear Plug/ Muff	<input checked="" type="checkbox"/> Scaffolds & Ladders
<input checked="" type="checkbox"/> LOTO	<input checked="" type="checkbox"/> Barricades & Warning Signs	<input checked="" type="checkbox"/> Face Shield / Welding Goggle	<input checked="" type="checkbox"/> Helmet
<input checked="" type="checkbox"/> Forced Ventilation	<input checked="" type="checkbox"/> Apron	<input checked="" type="checkbox"/> Any Other:	<b>LOTO Tag Reference No.:</b> TB34YU

Work Permit Authorization	
<b>Cross Referred Permits</b> – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Hot Work Permit No.: WP/TTK/COI/HOK/25/00011
<b>Site EHS</b>	<b>Plant Head</b>
Name: Bishal Mondal Signature with Date & Time: _____	Name: Lalit Aditya Kola Signature with Date & Time: _____

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>

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
<b>Contractual employees covered by ESI or any other policy - Yes / NO (HR Head &amp; Plant Head approval is required if mentioned as NO) – Both Signatures:</b> _____ / _____						

Work Permit Extension					
<b>Permit Extension to the Next Shift - <u>No Extension for Roof Work, Confined Space activity after 6 pm</u></b>  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)
10/21/2025 9:00:00 AM	10/21/2025 6:00:00 PM	Raj Kumar Pativada	John Doe	Kian Mitchell	NA

Work Permit Closure
{ClosureRemarks}
<b>Permit handed over to the EHS Coordinator by initiator after completion of the job &amp; below mentioned details to be filled by initiator.</b>  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 stop after permit rejection.</b>

Work Permit History			
Date	Modified By	Comments	Attachments

