TTK Prestige LIMITED	**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.** **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 EHS Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with EHS Coordinator.	**Doc. No:** COI/HOK/25/00083 **Rev No:** 83 **Rev Date:** 17-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/25/00083	17-Sep-2025 03:18:30 AM	From 17-Sep-2025 10:00:00 PM To 18-Sep-2025 06:00:00 AM	Maintenance	

Work Description:	

{ElectricalSpecificRows}

1. Hazards Identified

☐ Presence of Toxic Gas Fumes	☐ Sharp Edges	☐ Poor Lighting	☐ Combustible Materials Nearby
☐ Work near Over Head Electrical Line	☐ Presence of Flammable Gas	☐ Tripp Hazard	☐ Static Electricity
☐ Flammable Materials Nearby	☐ Improper Access	☐ Unguarded Opening	☐ Slip Hazard
☐ Steam	☐ Oil Spillage Observed	☐ Moving / Running Machinery	☐ Confined Space
☐ Excavation Collapse	☐ Vibration	☑ Height Work	☐ Work on Fragile Roofs
☐ Mechanical / Electrical Spark	☐ Noise	☐ Pressurized Line	**Other Hazard(s)**:

2. Control Measures

If any of the above criteria required is not met, then do not issue the work permit.:			
Yes	**No**	**NA**	**Question**
	NO		Has the equipment mechanically locked to avoid rotation?
	NO		Has the insulation of electrical equipment been checked before the work start?
	NO		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?
	NO		Is fire hydrant & fire water pump system in operation
	NO		Is a fire extinguisher available and ready?
	NO		Is gas monitoring carrying for hot work carrying in flammable storage area?
	NO		Has a fire watch person been assigned while performing hot work? Name.....
	NO		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
	NO		Monitor the Hot work area after completing of the work for 1 Hr Name…….. Time……. ……
	NO		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
	NO		Is the adequate PPEs listed in Section 3 is available with the work crew

3. Safety Equipment Requirement & PPE to be used

☐ Safety Glasses	☐ Nose Mask / Respirators	☐ Safety Harness / Lifeline	☐ Fire Extinguisher No.

☐ Safety Shoes	☐ Hand Gloves	☐ Ear Plug/ Muff	☐ Scaffolds & Ladders
☐ LOTO	☐ Barricades &Warning Signs	☐ Face Shield / Welding Goggle	☐ Helmet
☐ Forced Ventilation	☐ Apron	☐ Any Other:	**LOTO Tag Reference No.**:

Work Permit Authorization			
Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Hot Work Permit No.: WP/TTK/COI/HOK/25/00083		
NA	**NA**	**NA**	**NA**
Name: adhya tiwari Signature with Date & Time: __________	Name: Abhinav Srivastava Signature with Date & Time: __________	Name: Lalit Aditya Kola Signature with Date & Time: __________	Name: Sayan Mondal 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.	
Name & Sign of the Job Performer / Contractor's Supervisor :	**Name & Sign of the Permit Initiator:**

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 Extension					
Permit Extension to the Next Shift - No Extension for Roof Work, Confined Space activity after 6 pm 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)**

Work Permit Closure

{ClosureRemarks}

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 stop after permit rejection.

{WorkPermitHistory}

Work Permit History			
Date	**Modified By**	**Comments**	**Attachments**