

	<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.	Doc. No: ESHMS/P/04
		Rev No: 1
		Rev Date: 19-Sep-2025

## Hot Work, Cold Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/HOK/25/00096	19-Sep-2025 11:16:51 AM	From 19-Sep-2025 07:00:00 AM To 19-Sep-2025 03:00:00 PM	Maintenance	

<b>Work Description:</b>	
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### 1. Hazards Identified

<input type="checkbox"/> Presence of Toxic Gas Fumes	<input 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 type="checkbox"/> Presence of Flammable Gas	<input type="checkbox"/> Tripp Hazard	<input type="checkbox"/> Static Electricity
<input type="checkbox"/> Flammable Materials Nearby	<input type="checkbox"/> Improper Access	<input type="checkbox"/> Unguarded Opening	<input type="checkbox"/> Slip Hazard
<input type="checkbox"/> Steam	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Moving / Running Machinery	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Excavation Collapse	<input type="checkbox"/> Vibration	<input type="checkbox"/> Height Work	<input type="checkbox"/> Work on Fragile Roofs
<input type="checkbox"/> Mechanical / Electrical Spark	<input type="checkbox"/> Noise	<input type="checkbox"/> Pressurized Line	<b>Other Hazard(s):</b>
<input type="checkbox"/> Presence of Flammable Gas Fumes	<input type="checkbox"/> Work on Standing Ladder	<input type="checkbox"/> Work on Scaffolding	<input type="checkbox"/> Improper Access to reach confined space work area
<input type="checkbox"/> Lack of Oxygen Level	<input type="checkbox"/> No access ladder inside the confined space	<input type="checkbox"/> Work near sharp edges in vessel inside	<input type="checkbox"/> Height Work (Above 1.5 Mtr.)
<input type="checkbox"/> Mechanical / Electrical Sparks	<input type="checkbox"/> Trip Hazard	<input type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Work on Running Vessel / Tank
<b>Other Hazards::</b>			

### 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
	NO		Is all hand tools & equipment's inspected & tag provided?
	NO		Area is free from any Loose electrical joint/cables & sharp edges.
	NO		Ensure no underground cables & pipelines in vicinity of work area.
	NO		Ensure no unguarded openings
	NO		Surrounding area is checked, cleaned & safe
	NO		Equipment properly drained / de pressurized
	NO		LOTO to applied for the work & equipment is safe
	NO		Availability of sufficient illumination at work spot. Checked relevant PPE.
	NO		People are competent to do the work
	NO		Any other source of potential hazard if any remove before start of work.
	NO		All necessary guarding provided in the rotary objects
	NO		Safety devices are not bypassed
	NO		Ensure the work not carrying in running operation
	NO		Caution board mentioning "Job in Progress" installed near working area.
	NO		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 Glasses	<input type="checkbox"/> Nose Mask / Respirators	<input type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Fire Extinguisher No.
<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Hand Gloves	<input type="checkbox"/> Ear Plug/ Muff	<input type="checkbox"/> Scaffolds & Ladders
<input type="checkbox"/> LOTO	<input type="checkbox"/> Barricades & Warning Signs	<input type="checkbox"/> Face Shield / Welding Goggle	<input type="checkbox"/> Helmet
<input type="checkbox"/> Forced Ventilation	<input type="checkbox"/> Apron	<input type="checkbox"/> Any Other:	<b>LOTO Tag Reference No.:</b>
<input type="checkbox"/> Ear Plug / Muff	<input type="checkbox"/> Warning Signs	<input type="checkbox"/> Locks / Tags	<input type="checkbox"/> Barricades
<b>Any other : :</b>			

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, Cold Work Permit No.: WP/TTK/COI/HOK/25/00096
<b>HOD</b>	<b>HOD</b>
Name: Abhinav Srivastava Approved On: NA	Name: Raj Kumar Pativada Approved On: 19-Sep-2025 11:17:59 AM

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

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)
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#### Work Permit Closure

##### Closure Remarks

☐ Work completed & Housekeeping done

☒ Work Cancelled due to Operational Reasons

☐ Work Permit Rejected

☐ 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 stop after permit rejection.**

#### Work Permit History

Date	Modified By	Comments	Attachments
19-Sep-2025 07:05:41 PM	Raj Kumar Pativada	Status has been updated to Closed	
19-Sep-2025 03:40:44 PM	Raj Kumar Pativada	safety timing required	
19-Sep-2025 11:17:59 AM	Raj Kumar Pativada	Status has been updated to Partially Approved	
19-Sep-2025 11:17:59 AM	Raj Kumar Pativada	Aproving	
19-Sep-2025 11:16:52 AM	Raj Kumar Pativada	A new record was created: Uid set to 'WP/TTK/COI/HOK/25/00096' Category Name set to 'Hot Work, Cold Work' Work Permit Status Name set to 'Submit'	