

<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: 17-Mar-2026

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/26/00010	17-Mar-2026 12:02:03 PM	From 24-Mar-2026 12:00:00 PM To 24-Mar-2026 05:59:00 PM	25 regression	

Work Description:	
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1. Hazards Identified			
<input checked="" type="checkbox"/> Presence of Toxic Gas Fumes	<input checked="" type="checkbox"/> Sharp Edges	<input checked="" 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	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	Check Points for the Initiator
	✓		Has the equipment mechanically locked to avoid rotation?
	✓		Has the insulation of electrical equipment been checked before the work start?
	✓		Have all the hand tools inspected & green tag provided?
	✓		Have all flammable or combustible material been removed from work site (at least 3 meters away)?
	✓		Has proper ventilation & lighting provided?
	✓		Is Fire blanket required & provided?
	✓		Is fire hydrant & fire water pump system in operation
	✓		Is a fire extinguisher available and ready?
	✓		Is gas monitoring carrying for hot work carrying in flammable storage area?
	✓		Has a fire watch person been assigned while performing hot work? Name.....
	✓		If sparks fall to lower levels, has adequate protection been provided?
	✓		Has the work and adjacent areas been isolated with warning tapes and barricades.
	✓		Flashback arrestor provided on nozzle torch as well as on cylinder regulator
	✓		Monitor the Hot work area after completing of the work for 1 Hr Name..... Time.....
	✓		Is the people planned for hot work is well experience & trained
	✓		Is general safety induction given to the people working in hot work area
	✓		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 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:	LOTO Tag Reference No.:

4. 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/26/00010
Area owner	EHS Head
Name: Rajkumar Pativada Approved On: 17-Mar-2026 06:56:54 PM	Name: Shreya Ved Approved On: 17-Mar-2026 06:57:35 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.

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 History			
Date	Modified By	Comments	Attachments
17-Mar-2026 06:57:45 PM	Shreya Ved	Status has been updated to Canceled cancel	NA
17-Mar-2026 06:57:35 PM	Shreya Ved	Status has been updated to Approved	NA
17-Mar-2026 06:56:54 PM	Rajkumar Pativada	Status has been updated to Partially Approved	NA
17-Mar-2026 12:02:03 PM	Rajkumar Pativada	A new record was created: Site Name set to 'Coimbatore' Department set to '25 regression' Type Of Permit set to 'Hot Work' Name Of Requestor set to 'Rajkumar Pativada' Work Permit Date Start set to '24-Mar-2026' Work Permit Date End set to '24-Mar-2026' Work Permit Time Start set to '12:00 PM' Work Permit Time End set to '05:59 PM' Is Manual Ptw set to 'False' Status set to 'Submit'	NA