

	<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/HWW/25/00002
		<b>Rev No:</b> 2
		<b>Rev Date:</b> 18-Sep-2025

## Height Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/HWW/25/00002	17-Sep-2025 09:21:24 PM	From 17-Sep-2025 10:00:00 PM To 18-Sep-2025 06:00:00 AM	Maintenance	Tower 2

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

<input checked="" type="checkbox"/> Presence of Toxic Gas Fumes	<input type="checkbox"/> Sharp Edges	<input type="checkbox"/> Poor Lighting	<input checked="" type="checkbox"/> Height Work (Above 2 Meter.)
<input type="checkbox"/> Work near Over Head Electrical Line	<input type="checkbox"/> Combustible Materials Nearby	<input type="checkbox"/> Trip Hazard	<input type="checkbox"/> Static Electricity
<input type="checkbox"/> Work on Fragile Roofs	<input type="checkbox"/> Improper Access to reach height	<input type="checkbox"/> Work near sharp edges in ground level	<input type="checkbox"/> Slip Hazard
<input type="checkbox"/> Steam	<input type="checkbox"/> Work on Standing Ladder	<input type="checkbox"/> Work on Moving Machinery	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Excavation Collapse	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Work on Scaffolding	<input type="checkbox"/> Unguarded Opening
<input type="checkbox"/> Mechanical / Electrical Sparks	<input type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Pressurized Line	<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
YES			Is all hand tools & equipment's inspected & tag provided?
YES			If Work is to be carried on fragile roof then life line provided to prevent a fall
YES			Use of full body harness with life line and provision available to anchor life line and lanyard of harness
	NO		Proper access / Ladder is to be provided to reach at work place and use safety belt with life line
YES			Proper staging, platform and handrails provided (Top rail, Mid rail & Toe guard) provided
	NO		Precaution should be taken to avoid falling of tools from height
	NO		Caution board indicating "MEN AT WORK" displayed and barricading provided
	NO		Disconnected any electrical equipment with in proximity of working at height before startup of work
	NO		Persons / Certified rigger medically fit and sufficiently trained
	NO		No overhead electrical cables above the working platform
	NO		If scaffold used, Checked the condition of scaffolding & found satisfactory
	NO		Any other source of potential hazard identified (Fire, Explosion, Fumes, Electrical leakages, Slippery surface); Whether source of hazard removed
	NO		For electrical height work, is FRP ladder available
	NO		Is stand by person available to hold the ladder Name: _____
	NO		Is ladder placing in 75 deg angle?
	NO		Is ladder inspected, physical condition is good & certified with green tag?
	NO		Is nearby vehicle movement are eliminated & barricaded?
	NO		For roof work, Is Job Safety Analysis was conducted & approved by Central HSE Head? – Mandatory for Roof Work
	NO		Stop the work during rain, heavy wind & any other abnormal environment

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

<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Nose Mask / Respirators	<input type="checkbox"/> Safety Harness / Lifeline	<input checked="" type="checkbox"/> Fire Extinguisher No.
<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Hand Gloves	<input checked="" type="checkbox"/> Ear Plug/ Muff	<input type="checkbox"/> Scaffolds & Ladders
<input type="checkbox"/> Locks/ tags No. _____	<input checked="" 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>

Work Permit Authorization			
<b>Cross Referred Permits</b> – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Permit No.:	Permit Type: Permit No.:	Permit Type: Permit No.:
<b>NA</b>			
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.	
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				
<b>Permit Extension to the Next Shift - No Extension for Roof Work, Confined Space activity after 6 pm</b>  Should the permit be extended the affected / next operating shift will be fully informed about all the conditions stated on the permit, hazards associated with control measures and ensured that it is safe for the work to the period stated, provided they are followed and maintained throughout the extended period				
Work Permit Extension for next shift (Mention Date & Time For Extension)	Permit Initiator	Job Performer	Permit Hand Over By (During Shift Hand Over) Name of the Initiator	Permit Take Over By (During Shift Hand Over) Name of the Initiator

Work Permit Closure	
Work completed & Housekeeping done (To be filled by under whom supervision work was done) YES / NO	
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.....	
<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>	