

	<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> ESHMS/P/04
		<b>Rev No:</b> 1
		<b>Rev Date:</b> 22-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/25/00004	22-Sep-2025 06:17:22 PM	From 22-Sep-2025 02:00:00 PM To 22-Sep-2025 10:00:00 PM	Maintenance	Coimbatore

<b>Work Description:</b>	Safety Equipment Requirement & PPE
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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 checked="" 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 checked="" type="checkbox"/> Steam	<input checked="" type="checkbox"/> Work on Standing Ladder	<input type="checkbox"/> Work on Moving Machinery	<input checked="" type="checkbox"/> Confined Space
<input checked="" type="checkbox"/> Excavation Collapse	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Work on Scaffolding	<input checked="" 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

Name of the person_____:			If any of the above criteria required is not met, then do not issue the work permit.:
Yes	No	NA	Question
	NO		Is all hand tools & equipment's inspected & tag provided?
	NO		If Work is to be carried on fragile roof then life line provided to prevent a fall
	NO		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
	NO		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	<b>Safety Glasses:</b> Safety Glasses	<input checked="" type="checkbox"/> Nose Mask / Respirators	<b>Nose Mask / Respirators:</b>
<input type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Fire Extinguisher No.	<input type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Hand Gloves
<input type="checkbox"/> Ear Plug/ Muff	<input type="checkbox"/> Scaffolds & Ladders	<input checked="" type="checkbox"/> Locks/ tags No. _____	<b>Locks/ tags No. _____:</b>
<input type="checkbox"/> Barricades &Warning Signs	<input checked="" type="checkbox"/> Face Shield / Welding Goggle	<input type="checkbox"/> Helmet	<input type="checkbox"/> Forced Ventilation
<input checked="" type="checkbox"/> Apron	<input type="checkbox"/> Any Other:	<b>LOTO Tag Reference No.:</b> LOTO, Forced Ventilation, Barricades &Warning Signsm Face Shield / Welding Goggle Safety Shoes Hand Gloves Ear Plug/ Muff Scaffolds & Ladders	

Work Permit Authorization	
<b>Cross Referred Permits</b> – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Height Work Permit No.: WP/TTK/COI/HWW/25/00004
NA	

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 - <u>No Extension for Roof Work, Confined Space activity after 6 pm</u>					
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	
Closure Remarks	
<input type="radio"/> Work completed & Housekeeping done	<input type="radio"/> Work Cancelled due to Operational Reasons
<input type="radio"/> Work Permit Rejected	<input type="radio"/> 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																				
22-Sep-2025 06:18:15 PM	Raj Kumar Pativada	Status has been updated to Closed																					
22-Sep-2025 06:18:02 PM	Raj Kumar Pativada	Attaching a image	<div>1. Hazards Identified<table><tr><td><input type="checkbox"/> Presence of Toxic Gas Fumes</td><td><input type="checkbox"/> Sharp Edges</td><td><input type="checkbox"/> Poor Lighting</td><td><input type="checkbox"/> Combustible Materials Nearby</td></tr><tr><td><input type="checkbox"/> Work near Over Head Electrical Line</td><td><input type="checkbox"/> Presence of Flammable Gas</td><td><input checked="" type="checkbox"/> Tripp Hazard</td><td><input type="checkbox"/> Static Electricity</td></tr><tr><td><input type="checkbox"/> Flammable Materials Nearby</td><td><input checked="" type="checkbox"/> Improper Access</td><td><input type="checkbox"/> Unguarded Opening</td><td><input type="checkbox"/> Slip Hazard</td></tr><tr><td><input checked="" type="checkbox"/> Steam</td><td><input type="checkbox"/> Oil Spillage Observed</td><td><input type="checkbox"/> Moving / Rotating Machinery</td><td><input type="checkbox"/> Confined Space</td></tr><tr><td><input type="checkbox"/> Excavation Collapse</td><td><input type="checkbox"/> Vibration</td><td><input type="checkbox"/> Height Work</td><td><input type="checkbox"/> Work on Fragile Floors</td></tr></table></div>	<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 checked="" type="checkbox"/> Tripp Hazard	<input type="checkbox"/> Static Electricity	<input type="checkbox"/> Flammable Materials Nearby	<input checked="" type="checkbox"/> Improper Access	<input type="checkbox"/> Unguarded Opening	<input type="checkbox"/> Slip Hazard	<input checked="" type="checkbox"/> Steam	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Moving / Rotating 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 Floors
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22-Sep-2025 06:17:23 PM	Raj Kumar Pativada	A new record was created: Uid set to 'WP/TTK/COI/HWW/25/00004' Category Name set to 'Height Work' Work Permit Status Name set to 'Submit'																					