

	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 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.	Doc. No: ESHMS/P/04
		Rev No: 1
		Rev Date: 06-Oct-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/25/00007	06-Oct-2025 02:03:19 PM	From 06-Oct-2025 02:00:00 PM To 06-Oct-2025 11:00:00 PM	Maintenance	

Work Description:	
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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"/> 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	Other Hazards:

2. Control Measures

File: 0	Attachment: 0	Name of the person_____:	If any of the above criteria required is not met, then do not issue the work permit.:
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YES	NO	NA	Check Points for the Initiator
			Is all hand tools & equipment's inspected & tag provided?
			If Work is to be carried on fragile roof then life line provided to prevent a fall
			Use of full body harness with life line and provision available to anchor life line and lanyard of harness
			Proper access / Ladder is to be provided to reach at work place and use safety belt with life line
			Proper staging, platform and handrails provided (Top rail, Mid rail & Toe guard) provided
			Precaution should be taken to avoid falling of tools from height
			Caution board indicating "MEN AT WORK" displayed and barricading provided
			Disconnected any electrical equipment with in proximity of working at height before startup of work
			Persons / Certified rigger medically fit and sufficiently trained
			No overhead electrical cables above the working platform
			If scaffold used, Checked the condition of scaffolding & found satisfactory
			Any other source of potential hazard identified (Fire, Explosion, Fumes, Electrical leakages, Slippery surface); Whether source of hazard removed
			For electrical height work, is FRP ladder available
			Is stand by person available to hold the ladder Name:_____
			Is ladder placing in 75 deg angle?
			Is ladder inspected, physical condition is good & certified with green tag?
			Is nearby vehicle movement are eliminated & barricaded?
			For roof work, Is Job Safety Analysis was conducted & approved by Central HSE Head? – Mandatory for Roof Work
			Stop the work during rain, heavy wind & any other abnormal environment

Attachments
<div style="border: 1px solid black; height: 100px; width: 100%; display: flex; align-items: center; justify-content: center;"> <h2>2. Control Measures</h2> </div>

3. Safety Equipment Requirement & PPE to be used			
<input type="checkbox"/> Safety Glasses	Safety Glasses:	<input type="checkbox"/> Nose Mask / Respirators	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"/> Locks/ tags No._____	Locks/ tags No._____:
<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: Height Work Permit No.: WP/TTK/COI/HWW/25/00007
CMO	EHS Head	Employee
Name: sephali k kumari Approved On: 06-Oct-2025 02:20:33 PM	Name: Lalit Aditya Kola Approved On: 06-Oct-2025 02:21:04 PM	Name: Sayan Mondal Approved On: 06-Oct-2025 02:22:18 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:

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: _____ / _____						

7. Work Permit Extension				
Permit Extension to the Next Shift - 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 Take Over By	Extension Requested (Hours)
From: 10/6/2025 2:00:00 PM To: 10/6/2025 11:00:00 PM	Shreya V		Shreya V	1

Work Permit History			
Date	Modified By	Comments	Attachments
06-Oct-2025 02:22:18 PM	Sayan Mondal	Status has been updated to Approved	NA
06-Oct-2025 02:22:18 PM	Sayan Mondal	Approving it now	NA
06-Oct-2025 02:21:04 PM	Lalit Aditya Kola	Approving the Work Permit	NA
06-Oct-2025 02:20:33 PM	sephali k kumari	Status has been updated to Partially Approved	NA
06-Oct-2025 02:20:33 PM	sephali k kumari	Approving the Work Permit	NA

06-Oct-2025 02:03:20 PM	Shreya V	A new record was created: Uid set to 'WP/TTK/COI/HWW/25/00007' Category Name set to 'Height Work' Work Permit Status Name set to 'Submit'	NA
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