

	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 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: 06-Nov-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/25/00010	05-Nov-2025 09:18:46 PM	From 05-Nov-2025 09:18:00 PM To 07-Nov-2025 06:00:00 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

3. Safety Equipment Requirement & PPE to be used			
Safety Glasses:	Safety Glasses:	Nose Mask / Respirators:	Nose Mask / Respirators:
Safety Harness / Lifeline:	Fire Extinguisher No.:	Safety Shoes:	Hand Gloves:
Ear Plug/ Muff:	Scaffolds & Ladders:	Locks/ tags No._____:	Locks/ tags No._____:
Barricades & Warning Signs:	Face Shield / Welding Goggle:	Helmet:	Forced Ventilation:
Apron:	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/25/00010
NA	

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: _____ / _____

Work Permit History			
Date	Modified By	Comments	Attachments
05-Nov-2025 09:18:47 PM	Raj Kumar Pativada	A new record was created: Uid set to 'WP/TTK/COI/HWW/25/00010' Category Name set to 'Height Work' Work Permit Status Name set to 'Draft'	NA