

|  |  |                              |
|--|--|------------------------------|
| <input style="width: 80%; height: 20px;" type="text"/> | <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>Doc. No: ESHMS/P/04</b>   |
|  | <b>Note:</b><br>1. Under no circumstances permitted work should be carried out after the close time of the work permit.<br>2. Permit should be returned to the initiator by performer & thereafter submitted to E-S Coordinator.<br>3. Safe work permit request should be raised daily before start of work & permit register shall be available with E-S Coordinator. | <b>Rev No: 1</b>             |
|  |  | <b>Rev Date: 10-Mar-2026</b> |

## Height Work Permit

| Permit No.              | Date                    | Time<br>(Max 8 hrs or end of the shift)                    | Work Performing Department | Location of Work |
|-------------------------|-------------------------|--|----------------------------|------------------|
| WP/TTK/COI/HWW/26/00048 | 10-Mar-2026 03:51:35 PM | From 11-Mar-2026 03:51:00 PM<br>To 11-Mar-2026 06:00:00 PM | 25 regression              |                  |

|                          |  |
|--------------------------|--|
| <b>Work Description:</b> |  |
|--------------------------|--|

### 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                      | <b>Other Hazards:</b>                                 |

### 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.: |
|---------|---------------|---------------------------|---|

| 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  |

|   |
|---|
| <b>Attachments</b>  |
|  |

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

|                 |                                     |                  |                                     |
|-----------------|-------------------------------------|------------------|-------------------------------------|
| Safety Glasses: | Helmet:                             | Apron:           | <input type="checkbox"/> Checkbox 1 |
| Freetext 4:     | <input type="checkbox"/> Checkbox 2 | Date section: NA |                                     |

| YES | NO | NA | Check Points for the Initiator |
|-----|----|----|--------------------------------|
|     |    |    | Radio button                   |

**4. Work Permit Authorization**

|   |   |
|---|---|
| <b>Cross Referred Permits</b> – To be filled by Initiator<br>(Other type of Work Permits for Same Work) | Permit Type: Height Work<br>Permit No.: WP/TTK/COI/HWW/26/00048 |
| <b>Area Owner</b>   | <b>Area Owner</b>   |
| <b>Name:</b> Rajkumar Pativada<br><b>Approved On:</b> NA  | <b>Name:</b> Shreya Ved<br><b>Approved On:</b> NA               |

|  |   |
|--|---|
| <b>5. Permit Acceptance</b>  |   |
| 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. |   |
| <b>Name &amp; Sign of the Job Performer / Contractor's Supervisor :</b>  | <b>Name &amp; Sign of the Permit Initiator:</b> |

| <b>6. Work Crew Tool Box Talk (Attached Separate sheet if require)</b>   |                                    |             |           |                                    |             |           |
|--|------------------------------------|-------------|-----------|------------------------------------|-------------|-----------|
| 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) –<br>Both Signatures: _____ / _____ |                                    |             |           |                                    |             |           |

|  |
|--|
| <b>Work Permit Closure</b>   |
| <b>Closure Remarks</b>   |
| <input checked="" type="checkbox"/> Work completed & Housekeeping done <input type="checkbox"/> Work Cancelled due to Operational Reasons<br><input type="checkbox"/> Work Permit Rejected <input type="checkbox"/> 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: _____  |
| <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 stopped after permit rejection.</b>   |

| <b>Work Permit History</b> |                   |  |             |
|----------------------------|-------------------|--|-------------|
| Date                       | Modified By       | Comments   | Attachments |
| 10-Mar-2026<br>03:52:34 PM | Rajkumar Pativada | Status has been updated to Closed  | NA          |
| 10-Mar-2026<br>03:51:35 PM | Rajkumar Pativada | A new record was created: Site Name set to 'Coimbatore' Department set to '25 regression' Type Of Permit set to 'Height Work' Name Of Requestor set to 'Rajkumar Pativada' Work Permit Date Start set to '11-Mar-2026' Work Permit Date End set to '11-Mar-2026' Work Permit Time Start set to '03:51 PM' Work Permit Time End set to '06:00 PM' Is Manual Ptw set to 'False' Status set to 'Submit' | NA          |