


|   |  |                                     |
|---|--|-------------------------------------|
|  | <p><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></p> <p><b>Note:</b></p> <p>1. Under no circumstances permitted work should be carried out after the close time of the work permit.</p> <p>2. Permit should be returned to the initiator by performer &amp; thereafter submitted to EHS Coordinator.</p> <p>3. Safe work permit request should be raised daily before start of work &amp; permit register shall be available with EHS Coordinator.</p> | <b>Doc. No:</b><br>COI/RWW/25/00001 |
|   |  | <b>Rev No:</b> 1                    |
|   |  | <b>Rev Date:</b> 17-Sep-2025        |
|   |  |                                     |

## Roof Work, Hot Work Permit

| Permit No.              | Date                    | Time<br>(Max 8 hrs or end of the shift)                    | Work Performing Department | Location of Work |
|-------------------------|-------------------------|--|----------------------------|------------------|
| WP/TTK/COI/RWW/25/00001 | 17-Sep-2025 10:27:12 AM | From 17-Sep-2025 10:26:00 AM<br>To 17-Sep-2025 03:00:00 PM | Maintenance                |                  |

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

{ElectricalSpecificRows}

### First section

|                                   |
|-----------------------------------|
| <input type="checkbox"/> Checkbox |
|-----------------------------------|

### 1. Hazards Identified

|  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Sharp Edges                         | <input type="checkbox"/> Poor Lighting                    | <input type="checkbox"/> Presence of Toxic Gas Fumes  | <input type="checkbox"/> Combustible Materials Nearby |
| <input type="checkbox"/> Work near Over Head Electrical Line | <input type="checkbox"/> Presence of Flammable Gas        | <input type="checkbox"/> Tripp Hazard                 | <input type="checkbox"/> Static Electricity           |
| <input type="checkbox"/> Flammable Materials Nearby          | <input checked="" type="checkbox"/> Improper Access       | <input checked="" type="checkbox"/> Unguarded Opening | <input type="checkbox"/> Slip Hazard                  |
| <input type="checkbox"/> Steam                               | <input checked="" type="checkbox"/> Oil Spillage Observed | <input type="checkbox"/> Moving / Running Machinery   | <input checked="" type="checkbox"/> Confined Space    |
| <input type="checkbox"/> Excavation Collapse                 | <input type="checkbox"/> Vibration                        | <input type="checkbox"/> Height Work                  | <input type="checkbox"/> Work on Fragile Roofs        |
| <input type="checkbox"/> Mechanical / Electrical Spark       | <input type="checkbox"/> Noise                            | <input checked="" type="checkbox"/> Pressurized Line  | <b>Other Hazard(s):</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   |
|   | NO |    | Has proper ventilation & lighting provided?  |
|   | NO |    | Has the equipment mechanically locked to avoid rotation?   |
|   | NO |    | Has the insulation of electrical equipment been checked before the work start?                   |
|   | NO |    | Have all the hand tools inspected & green tag provided?  |
|   | NO |    | Have all flammable or combustible material been removed from work site (at least 3 meters away)? |
|   | NO |    | Is Fire blanket required & provided?   |
|   | NO |    | Is fire hydrant & fire water pump system in operation  |
|   | NO |    | Is a fire extinguisher available and ready?  |
|   | NO |    | Is gas monitoring carrying for hot work carrying in flammable storage area?                      |
|   | NO |    | Has a fire watch person been assigned while performing hot work? Name.....                       |
|   | NO |    | If sparks fall to lower levels, has adequate protection been provided?                           |
|   | NO |    | Has the work and adjacent areas been isolated with warning tapes and barricades.                 |
|   | NO |    | Flashback arrestor provided on nozzle torch as well as on cylinder regulator                     |
|   | NO |    | Monitor the Hot work area after completing of the work for 1 Hr Name..... Time.....              |
|   | NO |    | Is the people planned for hot work is well experience & trained                                  |
|   | NO |    | Is general safety induction given to the people working in hot work area                         |
|   | NO |    | Is the adequate PPEs listed in Section 3 is available with the work crew                         |

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

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Safety Glasses     | <input type="checkbox"/> 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"/> LOTO               | <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.:                        |

| Work Permit Authorization   |   |   |   |
|---|---|---|---|
| <b>Cross Referred Permits</b> – To be filled by Initiator<br>(Other type of Work Permits for Same Work) |   | Permit Type: Roof Work, Hot Work<br>Permit No.: WP/TTK/COI/RWW/25/00001 |   |
| <b>Admin</b>  | <b>Admin</b>  | <b>Admin</b>  | <b>Admin</b>  |
| Name: Raj Kumar Pativada<br>Signature with Date & Time: _____   | Name: Mounika Laisetti<br>Signature with Date & Time: _____ | Name: Lalit Aditya Kola<br>Signature with Date & Time: _____            | Name: Sayan Mondal<br>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. |   |
| <b>Name &amp; Sign of the Job Performer / Contractor's Supervisor :</b>  | <b>Name &amp; Sign of the Permit Initiator:</b> |

| 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><br><br>Should the permit be extended the affected / next operating shift will be fully informed... |                         |                      |                            |                            |                                    |
| <b>Work Permit Extension for next shift (Mention Date &amp; Time For Extension)</b>   | <b>Permit Initiator</b> | <b>Job Performer</b> | <b>Permit Hand Over By</b> | <b>Permit Take Over By</b> | <b>Extension Requested (Hours)</b> |

| Work Permit Closure   |
|---|
| {ClosureRemarks}  |
| <b>Permit handed over to the EHS Coordinator by initiator after completion of the job &amp; below mentioned details to be filled by initiator.</b>                        |
| 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> |

{WorkPermitHistory}

| Work Permit History |             |          |             |
|---------------------|-------------|----------|-------------|
| Date                | Modified By | Comments | Attachments |