

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

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 BHS 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	ļ	
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Rev No: 1

Rev Date: 17-Sep-2025

## **Roof Work Permit**

Permit N			Time (Max 8 hrs or end of the shift)		Work Pe Departm	rforming ent	Location of Work		
WP/TTK/COI/RWW/25/00008		WW/25/00008	17-Sep-2025 04:14:21 PM	From 17-Sep-2025 04:14:00 PM To 17-Sep-2025 10:00:00 PI			Maintena	nce	
Work De	script	ion:							
First sect	First section								
☐ Che	eckbo	<							
1. Hazaro	ds Ide	ntified							
☐ Sharp Edges ☐ Poor Lighting									
2. Contro	l Mea	sures							
YES I	YES NO NA Check Points for the Initiator								
	Has proper ventilation & lighting provided?								
		<u> </u>							
4. Work I	Perm	it Authorizatio	on						
	Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work)  Permit Type: Roof Work Permit No.: WP/TTK/COI/RWW/25/00008								
Cmo									
	Name: Raj Kumar Pativada Approved On: NA								
5. Permit	t Acc	eptance							
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)								
6. Work (	Crew	Tool Box Tal	k (Attached Separate sheet	if require)					
S. No.		Name of Pers Engaged in Activity	Son Job Profile	Signature		Name of F Engaged i Activity		Job Profile	Signature

6. Work Crev	i. 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	Contractual employees covered by ESI or any other policy - Yes / NO (HR Head & Plant Head approval is required if mentioned as NO) –						

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			
17-Sep-2025 04:14:22 PM	Raj Kumar Pativada	A new record was created: Uid set to 'WP/TTK/COI/RWW/25/00008' Category Name set to 'Roof Work' Work Permit Status Name set to 'Draft'	NA			