

	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: COI/RWW/25/00009
		Rev No: 9
		Rev Date: 17-Sep-2025

Roof Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/RWW/25/00009	17-Sep-2025 04:51:55 PM	From 18-Sep-2025 05:00:00 PM To 18-Sep-2025 07:00:00 PM	Maintenance	

Work Description:	
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First section

<input type="checkbox"/> Checkbox

1. Hazards Identified

<input type="checkbox"/> Sharp Edges	<input type="checkbox"/> Poor Lighting
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2. Control Measures

Yes	No	NA	Question
	NO		Has proper ventilation & lighting provided?

Work Permit Authorization			
Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type:	Permit Type:	Permit Type:
	Permit No.:	Permit No.:	Permit No.:
	NA		
Name: Raj Kumar Pativada 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.	
Name & Sign of the Job Performer / Contractor's Supervisor :	Name & Sign of the Permit Initiator:

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					
<p align="center">Permit Extension to the Next Shift - <u>No Extension for Roof Work, Confined Space activity after 6 pm</u></p> <p>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</p>					
Work Permit Extension for next shift (Mention Date & Time For Extension)	Permit Initiator	Job Performer	Permit Hand Over By (During Shift Hand Over) Name of the Initiator	Permit Take Over By (During Shift Hand Over) Name of the Initiator	
9/13/2025 4:13:00 PM	9/14/2025 9:00:00 AM	Bishal Mondal	Sayan	Keanu Reeves	NA

Work Permit Closure
Work completed & Housekeeping done (To be filled by under whom supervision work was done) YES / NO
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.....
Note: <u>This permit to be kept at job site. Work can not be done with rejected permit or without permit & work shall be immediately stop after permit rejection.</u>