

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 BHS Coordinator.

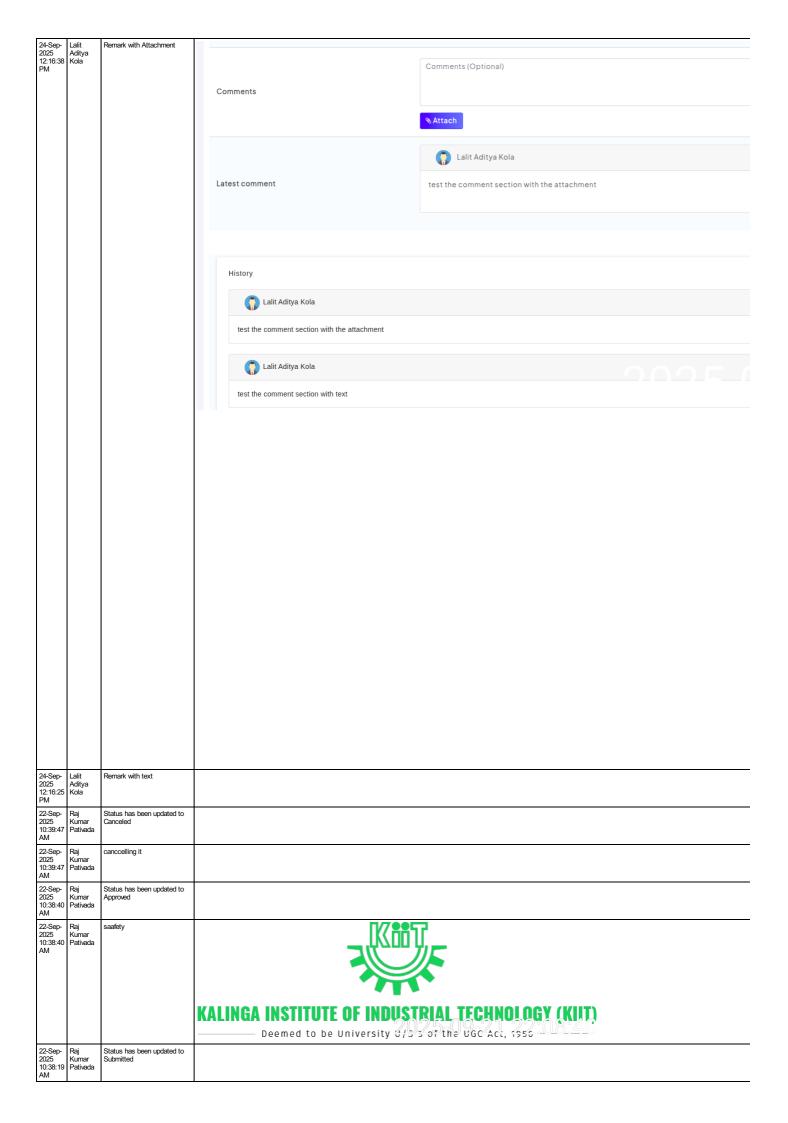
3. Safe work permit request should be raised daily before start of work & permit register shall be available with BHS Coordinator.

	Doc. No: ESHMS/P/04					
	Rev No: 1					
	Rev Date: 21-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/25/00026		20-Sep-2025 10:13:22 PM		From 20-Sep-2025 07:00:00 AM To 20-Sep-2025 03:00:00 PM		Maintenance					
Work Do	secription:										
WOIK DE	Work Description:										
First sec	tion										
☐ Check	kbox										
1. Hazan	ds Identifie	d									
□ Sharp Edges □ Poor Lighting											
2. Contro	ol Measure	s									
	Yes	No	NA				(Question			
		NO		Has proper ventilation &	lighting provided?						

Cross Re	prk Permit Authorization Des Referred Permits – To be filled by Initiator her type of Work Permits for Same Work) Permit Type: Roof Work Permit No.: WP/TTK/COVRWW/25/00026										
(========	Admin										
Name: R Approved	Name: Raj Kumar Pativada Approved On: 22-Sep-2025 10:38:40 AM										
Permit A	nit Acceptance										
I have be	en explained	the contents of this permit.	shall be responsible	to supervise the job as m	ention in permit. I will ass	sure you to fol	low all the safety p	recautions includ	ling uses of required PPE's as per plan	nt guideline.	
Name &	Name & Sign of the Job Performer / Contractor's Supervisor : Name & Sign of the Permit Initiator:										
Work Cr	ew Tool Bo	x Talk (Attached Separate	sheet if require)								
S. No.	CW 1001 DO	Name of Person Engage		ile	Signature	1	Name of Person I	Engaged in	Job Profile	Signature	
		Activity					Activity				
Contract	ontractual employees covered by ESI or any other policy - Yes / NO (HR Head & Plant Head approval is required if mentioned as NO) – Both Signatures: /										
Work Pr	ermit Exten	nion									
WOIKFE	ennik Exten	sion		Permit Extension to the	Next Shift - No Extension	on for Roof Wo	ork Confined Space	e activity after 6 r	nm		
					be extended the affected		•	-			
						Extension Requested (Hours)					
					l				•	•	
Work Pe	ermit Closu	re									
Closure	Remarks										
O Work	completed 8	k Housekeeping done				○ Work Ca	ncelled due to Ope	rational Reasons			
C Work	Work Permit Rejected © Work Permit Not Approved										
Permit I	handed ove	r to the EHS Coordinator b	y initiator after cor	npletion of the job & bel	ow mentioned details	to be filled b	y initiator.				
Name		Dept	Time	Sign							
		Note: This pe	rmit to be kept at j	ob site. Work can not be	done with rejected pe	ermit or with	out permit & work	shall be imme	diately stop after permit rejection.		
Work Pr	ermit Histor	v									
Date	Modified	Comments							Attachments		
24-Sep- 2025 12:44:27	Lalit Aditya Kola	Status has been updated to Closed									
PM											



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