

	<p>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.</p> <p>Note:</p> <ol style="list-style-type: none"> Under no circumstances permitted work should be carried out after the close time of the work permit. Permit should be returned to the initiator by performer & thereafter submitted to EHS Coordinator. 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
		Rev No: 1
		Rev Date: 26-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/25/00027	25-Sep-2025 08:24:16 PM	From 25-Sep-2025 07:00:00 AM To 25-Sep-2025 03:00:00 PM	Maintenance	

Work Description:	
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First section

<input checked="" type="checkbox"/> Checkbox
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1. Hazards Identified

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

Yes	No	NA	Question
		NA	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: Roof Work Permit No.: WP/TTK/COI/RWW/25/00027
Employee Name: ADITYA CHAKRABORTY Approved On: NA	

Permit Acceptance	
<p>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.</p>	
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

Permit Extension to the Next Shift - No Extension for Roof Work. Confined Space activity after 6 pm					
Should the permit be extended the affected / next operating shift will be fully informed...					
Work Permit Extension for next shift (Mention Date & Time For Extension)	Permit Initiator	Job Performer	Permit Hand Over By	Permit Take Over By	Extension Requested (Hours)

Work Permit Closure	
Closure Remarks	
<input type="radio"/> Work completed & Housekeeping done	<input type="radio"/> Work Cancelled due to Operational Reasons
<input checked="" type="radio"/> Work Permit Rejected	<input type="radio"/> 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.....	
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>	

Work Permit History			
Date	Modified By	Comments	Attachments
26-Sep-2025 03:47:37 PM	Kumar Samarjeet	Status has been updated to Closed	
25-Sep-2025 08:24:17 PM	Kumar Samarjeet	A new record was created: Uid set to 'WP/TTK/COI/RWW/25/00027' Category Name set to 'Roof Work' Work Permit Status Name set to 'Submit'	