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|---|---|-----------------------|
|  | <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> <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 & thereafter submitted to EHS Coordinator.</p> <p>3. Safe work permit request should be raised daily before start of work & permit register shall be available with EHS Coordinator.</p> | Doc. No: ESHMS/P/04 |
| | | Rev No: 1 |
| | | Rev Date: 04-Nov-2025 |

Roof Work, Hot Work Permit

| Permit No. | Date | Time (Max 8 hrs or end of the shift) | Work Performing Department | Location of Work |
|-------------------------|----------------------|--|----------------------------|------------------|
| WP/TTK/COI/RWW/25/00037 | 04-Nov-2025 05:02 PM | From 04-Nov-2025 05:01 PM To 04-Nov-2025 06:00 PM | Quality | |

| | |
|--|--|
| Work Description: | |
| First section | |
| <input type="checkbox"/> Checkbox | |
| Attachments | |
| No images available | |
| ATListUI_2025-11-04_11-32-19-3219_76b5db8a-8165-4b2b-87c0-c341cb5f9f5b.mp4 | |

| | | | |
|--|--|--|---|
| 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 type="checkbox"/> Improper Access | <input type="checkbox"/> Unguarded Opening | <input type="checkbox"/> Slip Hazard |
| <input type="checkbox"/> Steam | <input type="checkbox"/> Oil Spillage Observed | <input type="checkbox"/> Moving / Running Machinery | <input 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 type="checkbox"/> Pressurized Line | Other Hazard(s): |

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|---------------------|
| 2. Control Measures |
|---------------------|

If any of the above criteria required is not met, then do not issue the work permit.:

| YES | NO | NA | Check Points for the Initiator |
|-----|----|----|--|
| | | | Has proper ventilation & lighting provided? |
| | | | Has the equipment mechanically locked to avoid rotation? |
| | | | Has the insulation of electrical equipment been checked before the work start? |
| | | | Have all the hand tools inspected & green tag provided? |
| | | | Have all flammable or combustible material been removed from work site (at least 3 meters away)? |
| | | | Is Fire blanket required & provided? |
| | | | Is fire hydrant & fire water pump system in operation |
| | | | Is a fire extinguisher available and ready? |
| | | | Is gas monitoring carrying for hot work carrying in flammable storage area? |
| | | | Has a fire watch person been assigned while performing hot work? Name..... |
| | | | If sparks fall to lower levels, has adequate protection been provided? |
| | | | Has the work and adjacent areas been isolated with warning tapes and barricades. |
| | | | Flashback arrestor provided on nozzle torch as well as on cylinder regulator |
| | | | Monitor the Hot work area after completing of the work for 1 Hr Name..... Time..... |
| | | | Is the people planned for hot work is well experience & trained |
| | | | Is general safety induction given to the people working in hot work area |
| | | | Is the adequate PPEs listed in Section 3 is available with the work crew |

3. Safety Equipment Requirement & PPE to be used

| | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Safety Glasses | <input checked="" type="checkbox"/> Nose Mask / Respirators | <input checked="" type="checkbox"/> Safety Harness / Lifeline | <input checked="" type="checkbox"/> Fire Extinguisher No. |
| <input checked="" type="checkbox"/> Safety Shoes | <input checked="" type="checkbox"/> Hand Gloves | <input checked="" type="checkbox"/> Ear Plug/ Muff | <input checked="" type="checkbox"/> Scaffolds & Ladders |
| <input checked="" type="checkbox"/> LOTO | <input checked="" type="checkbox"/> Barricades & Warning Signs | <input checked="" type="checkbox"/> Face Shield / Welding Goggle | <input checked="" type="checkbox"/> Helmet |
| <input checked="" type="checkbox"/> Forced Ventilation | <input checked="" type="checkbox"/> Apron | <input checked="" type="checkbox"/> Any Other: | LOTO Tag Reference No.: |

4. Work Permit Authorization

| | |
|---|---|
| Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work) | Permit Type: Roof Work, Hot Work Permit No.: WP/TTK/COI/RWW/25/00037 |
| EHS Head | Plant Head |
| Name: Lalit Aditya Kola Approved On: 04-Nov-2025 05:02 PM | Name: Sayan Mondal Approved On: 04-Nov-2025 05:04 PM |

5. 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: |
|---|---|



6. 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 |
|--------|------------------------------------|-------------|-----------|------------------------------------|-------------|-----------|
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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 Closure |
|---|
| Closure Remarks |
| <input type="checkbox"/> Work completed & Housekeeping done <input type="checkbox"/> Work Cancelled due to Operational Reasons <input type="checkbox"/> Work Permit Rejected <input type="checkbox"/> 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: This permit to be kept at job site. Work can not be done with rejected permit or without permit & work shall be immediately stopped after permit rejection. |

| Work Permit History | | | |
|-------------------------|-------------------|---|-------------|
| Date | Modified By | Comments | Attachments |
| 04-Nov-2025 05:04 PM | Sayan Mondal | Status has been updated to Approved | |
| 04-Nov-2025 05:04 PM | Sayan Mondal | approved | |
| 04-Nov-2025 05:02 PM | Lalit Aditya Kola | Status has been updated to Partially Approved | |

| | | | |
|---------------------------------|--------------------------|---|--|
| <p>04-Nov-2025 05:02 PM</p> | <p>Lalit Aditya Kola</p> | <p>done</p> | <div data-bbox="922 96 1490 1308"> <div>10:47 📶 56%</div> <div>< Inspection details</div> <div>TTK Beta - QA</div> <div>Site* Coimbatore</div> <div>Department Select department</div> <div>Inspection name* test3926</div> <div>Inspection type(s)* Diesel Tanker</div> <div>Assigned to Shreya V</div> <div>Due date 30/10/2025</div> <div>Associated documents</div> <div>  DieselTanker_74 00afcf-7f62-46cf- bd9f- de97cbea3d25.jpg </div> <div>  </div> <div> <div> </div> <div>○</div> <div><</div> </div> </div> |
| <p>04-Nov-2025 05:02 PM</p> | <p>Lalit Aditya Kola</p> | <p>A new record was created: Uid set to 'WP/TTK/COI/RWW/25/00037' Category Name set to 'Roof Work, Hot Work' Work Permit Status Name set to 'Submit' Department Incharge set to 'Sagar Aswar'</p> | |