

<input style="width: 100px; height: 20px;" type="text"/>	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.	Doc. No: ESHMS/P/04
	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 E-S Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with E-S Coordinator.	Rev No: 1
		Rev Date: 03-Mar-2026

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/26/00006	03-Mar-2026 03:32:13 PM	From 03-Mar-2026 03:31:00 PM To 03-Mar-2026 06:00:00 PM	OsmoVision Department	

Work Description:	
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First section

<input type="checkbox"/>	Checkbox
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Attachments

No images available
OQSHA_Incident_Management_Investigation_557_2026-03-03_10-02-12-212_b1db1e78-8c32-489e-97f9-2660135f86d8.pdf

1. Hazards Identified

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

YES	NO	NA	Check Points for the Initiator
			Has proper ventilation & lighting provided?

4. 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/26/00006
Plant Head Name: Rajkumar Pativada Approved On: 05-Mar-2026 10:14:19 AM	Plant Head Name: Sagar E-S Head Approved On: 05-Mar-2026 10:14:19 AM

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:
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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

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
05-Mar-2026 10:14:20 AM	Rajkumar Pativada	Status has been updated to Canceled cancel	NA
03-Mar-2026 03:33:55 PM	Sagar EHS Head	Status has been updated to Approved SOJOIDE	NA
03-Mar-2026 03:33:40 PM	Rajkumar Pativada	Contractor has been updated to 'AM GREEN'	NA
03-Mar-2026 03:33:40 PM	Rajkumar Pativada	Status has been updated to Partially Approved Approv	NA
03-Mar-2026 03:32:13 PM	Sagar EHS Head	A new record was created: Site Name set to 'Coimbatore' Department set to 'OsmoVision Department' Type Of Permit set to 'Roof Work' Name Of Requestor set to 'Sagar EHS Head' Work Permit Date Start set to '03-Mar-2026' Work Permit Date End set to '03-Mar-2026' Work Permit Time Start set to '03:31 PM' Work Permit Time End set to '06:00 PM' Is Manual Ptw set to 'False' Status set to 'Submit'	NA