

<div>TTK Prestige</div> <div>LIMITED</div>	<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: 24-Sep-2025

Testing flags Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/TFF/25/00001	23-Sep-2025 09:26:00 PM	From 23-Sep-2025 09:31:00 PM To 23-Sep-2025 10:00:00 PM	Polishing	

Work Description:	
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1. Heading 1

: 3.5

Score and Rating - 1

Score: [{ "OptionId": 5, "OptionText": "5" }]	Rating: 5
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Score and Rating - 2

: [{ "OptionId": 2, "OptionText": "2" }]	: 2
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2. Heading 2

: 0

Score and Rating - 3

Score: [{ "OptionId": 2, "OptionText": "2" }]	: 2
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Table

Day:	Date: NA	Message:
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Mandatory attachment

<input checked="" type="checkbox"/> Check it
Attachments
OQSHA_Asset_503_2025-09-23_08-56-00-560_dcb644d9-6fcb-4afc-a98f-a9ece791f064.pdf

Equation

Simple interest: 1.2

Work Permit Authorization	
Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Testing flags Permit No.: WP/TTK/COI/TFF/25/00001
NA	

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

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)
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Work Permit Closure

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 stop after permit rejection.

Work Permit History

Date	Modified By	Comments	Attachments
23-Sep-2025 09:26:01 PM	Sayan Mondal	A new record was created: Uid set to 'WP/TTK/COI/TFF/25/00001' Category Name set to 'Testing flags' Work Permit Status Name set to 'Draft'	