

<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 E-S Coordinator.</p> <p>3. Safe work permit request should be raised daily before start of work & permit register shall be available with E-S Coordinator.</p>	Doc. No: ESHMS/P/04
		Rev No: 1
		Rev Date: 31-Oct-2025

Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/TFF/25/00003	31-Oct-2025 03:26:35 PM	From 31-Oct-2025 03:25:00 PM To 31-Oct-2025 06:00:00 PM	25 regression	

Work Description:	
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1. Heading 1
: 1

Score and Rating - 1	
Score: [{ "OptionId": 3, "OptionText": "3" }]	Rating: 3

Score and Rating - 2	
: [{ "OptionId": 1, "OptionText": "1" }]	: 1

2. Heading 2
: 0

Score and Rating - 3	
Score: [{ "OptionId": 2, "OptionText": "2" }]	: 2

Table		
Day:	Date: NA	Message:

Mandatory attachment
<input type="checkbox"/> Check it

Attachments
<div><div><div><div><div></div><div>Ace micromatic infor... Comer Industries</div></div><div><div></div><div>10-Feb-2025 01:54 PM - 01:57 PM</div></div><div><div></div><div>COM/COM/ACEMIC/CS/EX/BL/EL/CW/DW/0001</div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div>Issue</div></div></div><div><div>10-Feb-2025 01:55 PM</div><div>By: Sameer Requester</div></div></div></div>

Equation

Simple interest: 0.08

4. Work Permit Authorization

Cross Referred Permits – To be filled by Initiator
(Other type of Work Permits for Same Work)

Permit Type:
Permit No.: WP/TTK/COI/TFF/25/00003

HOD

Name: Abhinav Srivastava
Approved On: NA

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

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

- ☒ Work completed & Housekeeping done ☐ Work Cancelled due to Operational Reasons
☐ Work Permit Rejected ☐ 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
31-Oct-2025 03:31:51 PM	Raj Kumar Pativada	Status has been updated to Closed	NA
31-Oct-2025 03:26:36 PM	Raj Kumar Pativada	A new record was created: Uid set to 'WP/TTK/COI/TFF/25/00003' Category Name set to 'Testing flags' Work Permit Status Name set to 'Submit'	NA