TTK Prestige LIMITED	**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.** **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 EHS Coordinator. 3. 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: 25-Oct-2025**

Confined Space Entry Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/DEL/CSE/25/00001	24-Oct-2025 09:56:03 PM	From 24-Oct-2025 09:55:00 PM To 24-Oct-2025 10:55:00 PM	Quality	

Work Description:	

1. Hazards Identified

☐ Presence of Toxic Gas Fumes	☐ Presence of Flammable Gas Fumes	☐ Work on Standing Ladder	☐ Work on Scaffolding
☐ Slip Hazard	☐ Improper Access to reach confined space work area	☐ Lack of Oxygen Level	☐ Unguarded Opening
☐ No access ladder inside the confined space	☐ Poor Lighting	☐ Work near sharp edges in vessel inside	☐ Height Work (Above 1.5 Mtr.)
☐ Mechanical / Electrical Sparks	☐ Sharp Edges	☐ Trip Hazard	☐ Noise / Vibration
☐ Excavation Collapse	☐ Steam	☑ Work near Over Head Electrical Line	☐ Static Electricity
☐ Work on Running Vessel / Tank	☐ Oil Spillage Observed	☐ Pressurized Line	

Attachments

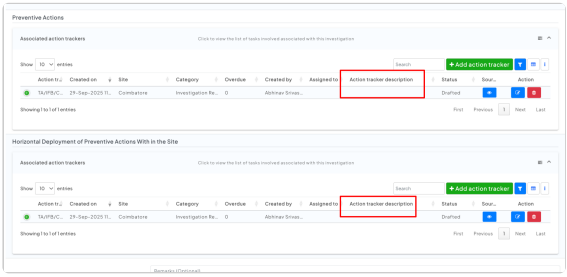
BRITISH AIRWAYS

2. Control Measures

Name of watch Person:

YES	NO	NA	Check Points for the Initiator
			Has all piping been isolated by disconnect? (Physical Spool Removal or Blind Provided)
			Has all electrical equipment associated with the vessel been locked out and tagged out & tested out?
			Is vessel clean and free of hazardous residue?
			If not, have appropriate safeguards been taken to assure safe entry?
			Has vessel been mechanically ventilated adequately prior to entry? If required provide the continuous mechanical ventilation.
			Is a ladder inside the vessel and secured ?
			Are all entrants wearing a full body harness with life line attached along with the whistle ?
			Is entrants register format with name, in time, out time and signature is available.
			Has a watch person is assigned and given proper instructions along with SCBA ?
			Has instructions been given to use rubber insulated mats or shoes, when welding or conducting electrical work in a damp or metal confined space ?
			Are all electrical tools and in good condition & green tag provided
			Is separate work permit taken for other works like holt work, cold work, etc.. Confined space entry permit only for entry in the space & not to do the work
			Use detectors to monitor H2S, Oxygen and LEL level, for all confined space entries
			Have instructions been given to watch person to abort the entry if signs and symptoms of exposure occur and/ or the oxygen level drops to 19.5% or rises to 23.5%.

Attachments



3. Safety Equipment Requirement & PPE to be used

☐ Safety Glasses	☐ Nose Mask / Respirators	☐ Safety Harness / Lifeline	☑ Fire Extinguisher No.
☐ Hand Gloves	☐ Ear Plug/ Muff	☐ Scaffolds & Ladders	☐ Locks/ tags
☐ Face Shield / Welding Goggle	☐ Helmet	☐ Forced Ventilations	☐ Barricades
☐ Apron	☐ Warning signs	☐ Safety Shoes	☐ 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: Confined Space Entry Permit No.: WP/TTK/DEL/CSE/25/00001
Site EHS	**Site EHS**
Name: Mounika Laisetti **Approved On:** 24-Oct-2025 09:56:15 PM	**Name:** Mounika Laisetti **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 History			
Date	**Modified By**	**Comments**	**Attachments**
24-Oct-2025 09:56:15 PM	Mounika Laisetti	Status has been updated to Partially Approved	NA
24-Oct-2025 09:56:04 PM	Mounika Laisetti	A new record was created: Uid set to 'WP/TTK/DEL/CSE/25/00001' Category Name set to 'Confined Space Entry' Work Permit Status Name set to 'Submit'	NA