

	<b>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, &amp; third copy shall be retained in the book itself.</b>  <b>Note:</b> 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.	<b>Doc. No: ESHMS/P/04</b>
		<b>Rev No: 1</b>
		<b>Rev Date: 23-Oct-2025</b>

Electrical Work Permit

<b>Permit No.</b>	<b>Date</b>	<b>Time (Max 8 hrs or end of the shift)</b>	<b>Work Performing Department</b>	<b>Location of Work</b>
WP/TTK/HOS/EWW/25/00001	23-Oct-2025 03:41:21 PM	From 23-Oct-2025 10:00:00 PM To 24-Oct-2025 06:00:00 AM	Polishing	

<b>Work Description:</b>						
<input type="checkbox"/>	230 V	<input type="checkbox"/>	440 V	<input type="checkbox"/>	11 KV / Other (Specify)	NA
<b>Equipment being used:</b>		NA				

<b>1. Hazards Identified</b>											
<input type="checkbox"/> Flammable Materials Nearby			<input type="checkbox"/> Oil Spillage Observed			<input type="checkbox"/> Height Work			<input type="checkbox"/> Work near Over Head Electrical Line		
<input type="checkbox"/> Improper Access			<input type="checkbox"/> Moving Machinery			<input type="checkbox"/> Work on Running Machine			<input type="checkbox"/> Presence of Toxic Gas Fumes		
<input type="checkbox"/> Presence of Flammable Gas			<input type="checkbox"/> Unguarded Opening			<input type="checkbox"/> Confined Space			<input type="checkbox"/> Mechanical / Electrical Sparks		
<input type="checkbox"/> Sharp Edges			<input type="checkbox"/> Tripp Hazard			<input type="checkbox"/> Slip Hazard			<input type="checkbox"/> Excavation Collapse		
<input type="checkbox"/> Noise			<input type="checkbox"/> Poor Lighting			<input type="checkbox"/> Static Electricity			<input type="checkbox"/> Steam		
<input type="checkbox"/> Vibration			<input type="checkbox"/> Pressurized Line			<b>Other Hazards :</b>					
<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>Check Points for the Initiator</b>								
			Combustible Materials Nearby								

<b>2. Control Measures</b>											
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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
			Is LOTO applied on Incoming power supply
			Conducted a thorough inspection of the work area and identified potential electrical hazards
			Ensured all necessary precautions have been taken to mitigate electrical risks
			Verified that all personnel involved in the electrical work activity have received appropriate training and possess the required skills
			Confirmed that all relevant permits, licenses, and authorizations have been obtained
			Verified that the work area is free from any potential electrical hazards or risks
			Ensured proper isolation of electrical equipment from the power source and tagged/locked out
			Provided workers with appropriate personal protective equipment (PPE) for electrical work
			Conducted a final inspection before authorizing the electrical work activity
			Communicated all necessary safety precautions to workers
			Confirmed that appropriate testing equipment, such as voltage testers and multimeters, are available and in proper working condition
			Verified that workers are aware of the proper procedures for electrical isolation, lockout/tagout, and testing before starting work
			Ensured that workers are trained in the safe handling of electrical equipment and materials
			Verified that workers have received proper training on electrical safety
			Established and communicated an emergency response plan

### 3. Safety Equipment Requirement & PPE to be used

<input type="checkbox"/> Rescue Hook	<input type="checkbox"/> General Hand Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Electrical Insulated Gloves
<input type="checkbox"/> Ear Plug / Muff	<input type="checkbox"/> Helmet with Face Shield	<input type="checkbox"/> Arc Protection Suite	<input type="checkbox"/> Scaffolds & Ladders
<input type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Earth Discharge Rod	<b>Locks / Tags No.:</b>	<b>Fire Extinguisher No.:</b>
<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Barricades & Warning Signs	<b>Any other: :</b>	

### 4. Work Permit Authorization

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

Permit Type: Electrical Work  
Permit No.: WP/TTK/HOS/EWW/25/00001

NA

Name: Raj Kumar Pativada  
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
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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 History			
Date	Modified By	Comments	Attachments
23-Oct-2025 03:52:50 PM	Raj Kumar Pativada	Status has been updated to Submitted	NA
23-Oct-2025 03:41:22 PM	Raj Kumar Pativada	A new record was created: Uid set to 'WP/TTK/HOS/EWW/25/00001' Category Name set to 'Electrical Work' Work Permit Status Name set to 'Draft'	NA