

	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: 14-Nov-2025

Electrical Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/HOS/EWW/25/00002	13-Nov-2025 06:43:56 PM	From 13-Nov-2025 06:42:00 PM To 13-Nov-2025 07:42:00 PM	Maintenance	

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

1. Hazards Identified			
<input type="checkbox"/> Flammable Materials Nearby	<input type="checkbox"/> Unguarded Opening	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Noise
<input type="checkbox"/> Work near Over Head Electrical Line	<input type="checkbox"/> Improper Access	<input type="checkbox"/> Work on Running Machine	<input type="checkbox"/> Tripp Hazard
<input checked="" type="checkbox"/> Height Work	<input type="checkbox"/> Presence of Flammable Gas	<input type="checkbox"/> Presence of Toxic Gas Fumes	<input type="checkbox"/> Moving Machinery
<input type="checkbox"/> Mechanical / Electrical Sparks	<input type="checkbox"/> Static Electricity	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Excavation Collapse
<input type="checkbox"/> Sharp Edges	<input type="checkbox"/> Slip Hazard	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Pressurized Line
<input type="checkbox"/> Steam	<input type="checkbox"/> Vibration	Other Hazards :	

YES	NO	NA	Check Points for the Initiator
			Combustible Materials Nearby

Attachments



2. Control Measures

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
			Confirmed that all relevant permits, licenses, and authorizations have been obtained
✓			Verified that all personnel involved in the electrical work activity have received appropriate training and possess the required skills
	✓		Verified that the work area is free from any potential electrical hazards or risks
		✓	Provided workers with appropriate personal protective equipment (PPE) for electrical work

✓			Verified that workers are aware of the proper procedures for electrical isolation, lockout/tagout, and testing before starting work
			Ensured proper isolation of electrical equipment from the power source and tagged/locked out
			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
			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

Attachments



Sameer Shaik 10:20 pm

Dhruv Pahadia 13/08/25 10:16 pm

Sameer Shaik also please check this comment on the bug:-
<https://pinestem.com/dashboard.html#/bugs/INRB-3324/details?...>

This bug can stay open

We can go ahead without it



1:29
67

Incident report

Injury-same as prod- d...
Validated

Project and Maintenance |

Coimbatore

last optik desc

IMF/TTK/COI/IAP/25/00065

13-Nov-2025 | 12:41 PM
Reported by Mounika Laisetti

Fire and others
Validated

Maintenance |

Coimbatore

description

IMF/TTK/COI/TIT/25/00101

13-Nov-2025 | 12:34 PM
Reported by Mounika Laisetti

Injury-same as prod- d...
Validated

Maintenance |

Coimbatore

description

IMF/TTK/COI/IAP/25/00064

13-Nov-2025 | 12:31 PM
Reported by Mounika Laisetti

Injury-same as prod- d...
Validated

Maintenance |

Coimbatore

description

IMF/TTK/COI/IAP/25/00063

13-Nov-2025 | 12:24 PM
Reported by Mounika Laisetti

[RPreplay_Final1763039597_2025-11-13_13-13-43-1343_5447544e-c9ed-4672-ae04-f8be42e22659.mp4](#)

3. Safety Equipment Requirement & PPE to be used

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

Attachments

No images available

[RPreplay_Final1763039597_2025-11-13_13-13-53-1353_2b63a306-557d-4d42-8659-abfcfd46cde.mp4](#)

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/25/00002

Cmo

Name: Abhinav Srivastava
Approved On: NA

5. Permit Acceptance	
<p>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.</p>	
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
13-Nov-2025 06:43:57 PM	Sayan Mondal	A new record was created: Uid set to 'WP/TTK/HOS/EWW/25/00002' Category Name set to 'Electrical Work' Work Permit Status Name set to 'Submit'	NA