

<input style="width: 80%; height: 20px;" type="text"/>	<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>Doc. No: ESHMS/P/04</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 E-S Coordinator. 3. Safe work permit request should be raised daily before start of work & permit register shall be available with E-S Coordinator.	<b>Rev No: 1</b>
		<b>Rev Date: 22-Dec-2025</b>

## Excavation Work, Height Work, Hot Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/HOS/EWW/25/00005	22-Dec-2025 11:41:53 AM	From 22-Dec-2025 02:00:00 PM To 22-Dec-2025 10:00:00 PM	Polishing	vijayawada

<b>Work Description:</b>	
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### 1. Hazards Identified

<input type="checkbox"/> Under Ground Electrical Cables	<input type="checkbox"/> Underground IT cables	<input type="checkbox"/> Underground Fire Water Lines	<input type="checkbox"/> Underground Water Lines
<input type="checkbox"/> Underground diesel / chemical lines	<input type="checkbox"/> Don't know the underground utilities	<input type="checkbox"/> Wet area	<input type="checkbox"/> Concrete Floor area
<input type="checkbox"/> Other Underground utilities	<input type="checkbox"/> Vehicle movement in 5 m radius	<input type="checkbox"/> Building / structures in 1 m radius	<input type="checkbox"/> Excavation depth more than 1 feet
<input type="checkbox"/> Manual Excavation	<input type="checkbox"/> Mechanical Excavation	<input type="checkbox"/> Dust	<input type="checkbox"/> Trip / Slip Hazard
<input type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Excavation Collapse	<input checked="" type="checkbox"/> Water Seepage	<input type="checkbox"/> Work near Over Head Electrical Line
<input type="checkbox"/> Road Blockage	<input type="checkbox"/> Frequent people movement at nearby	<input checked="" type="checkbox"/> Emergency route blockage	<input type="checkbox"/> Loose Soils
<b>Other Hazards:</b>	<input type="checkbox"/> Presence of Toxic Gas Fumes	<input type="checkbox"/> Sharp Edges	<input checked="" type="checkbox"/> Poor Lighting
<input type="checkbox"/> Height Work (Above 2 Meter.)	<input checked="" type="checkbox"/> Combustible Materials Nearby	<input type="checkbox"/> Trip Hazard	<input type="checkbox"/> Static Electricity
<input type="checkbox"/> Work on Fragile Roofs	<input type="checkbox"/> Improper Access to reach height	<input type="checkbox"/> Work near sharp edges in ground level	<input type="checkbox"/> Slip Hazard
<input type="checkbox"/> Steam	<input type="checkbox"/> Work on Standing Ladder	<input type="checkbox"/> Work on Moving Machinery	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Work on Scaffolding	<input type="checkbox"/> Unguarded Opening	<input type="checkbox"/> Mechanical / Electrical Sparks
<input type="checkbox"/> Pressurized Line	<input type="checkbox"/> Presence of Flammable Gas	<input type="checkbox"/> Tripp Hazard	<input type="checkbox"/> Flammable Materials Nearby
<input type="checkbox"/> Improper Access	<input type="checkbox"/> Moving / Running Machinery	<input type="checkbox"/> Vibration	<input type="checkbox"/> Height Work
<input type="checkbox"/> Mechanical / Electrical Spark	<input type="checkbox"/> Noise	<b>Other Hazard(s):</b>	

### 2. Control Measures

Is all hand tools & equipment's inspected & green tag provided?:	Electrical Isolation – If yes, Is Isolation Done?:	File: 0	Attachment: 0
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Name of the person _____:	If any of the above criteria required is not met, then do not issue the work permit.:
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YES	NO	NA	Check Points for the Initiator
	✓		Is all hand tools & equipment's inspected & green tag provided?
	✓		Electrical Isolation – If yes, Is Isolation Done?
	✓		Other pipeline / utilities Isolation – Is Isolation Done
	✓		Drawings checked for underground Piping, Electrical or Instrumentation cable
	✓		Is layout drawing attached & excavation area was marked
	✓		Is Signature taken from Maintenance & IT for underground utility clearance in attached layout drawing
	✓		Is Excavation tools like crow bars, etc are Insulated
	✓		Shoring (required for excavation depth exceeding 5 feet)
	✓		Is vehicle movement stopped at nearby area (for 5 m radius) if depth more than 2 feet
	✓		Mechanical Excavation – Is vehicle inspected & green tag provided
	✓		Is trail pit tried for the underground utility identification?
	✓		Is access ladder available for entry into excavated area (Depth more than 2 feet)
	✓		Is Area barricaded for unauthorized people movement & warning signage's displayed?
	✓		Is adequate lighting provided, if work planned on dark hours?
	✓		If emergency route blocked, Is alternate route identified & communicated to stakeholders?
	✓		If any of the above criteria required is not met, then do not issue the work permit
	✓		Is all hand tools & equipment's inspected & tag provided?
	✓		If Work is to be carried on fragile roof then life line provided to prevent a fall
	✓		Use of full body harness with life line and provision available to anchor life line and lanyard of harness
	✓		Proper access / Ladder is to be provided to reach at work place and use safety belt with life line
✓			Proper staging, platform and handrails provided (Top rail, Mid rail & Toe guard) provided
✓			Precaution should be taken to avoid falling of tools from height
✓			Caution board indicating "MEN AT WORK" displayed and barricading provided
	✓		Disconnected any electrical equipment with in proximity of working at height before startup of work
	✓		Persons / Certified rigger medically fit and sufficiently trained
✓			No overhead electrical cables above the working platform
✓			If scaffold used, Checked the condition of scaffolding & found satisfactory
	✓		Any other source of potential hazard identified (Fire, Explosion, Fumes, Electrical leakages, Slippery surface); Whether source of hazard removed
	✓		For electrical height work, is FRP ladder available
	✓		Is stand by person available to hold the ladder Name: _____
	✓		Is ladder placing in 75 deg angle?
	✓		Is ladder inspected, physical condition is good & certified with green tag?
	✓		Is nearby vehicle movement are eliminated & barricaded?
✓			For roof work, Is Job Safety Analysis was conducted & approved by Central HSE Head? – Mandatory for Roof Work
✓			Stop the work during rain, heavy wind & any other abnormal environment

	✓		Has the equipment mechanically locked to avoid rotation?
	✓		Has the insulation of electrical equipment been checked before the work start?
✓			Have all the hand tools inspected & green tag provided?
✓			Have all flammable or combustible material been removed from work site (at least 3 meters away)?
✓			Has proper ventilation & lighting provided?
	✓		Is Fire blanket required & provided?
	✓		Is fire hydrant & fire water pump system in operation
	✓		Is a fire extinguisher available and ready?
	✓		Is gas monitoring carrying for hot work carrying in flammable storage area?
	✓		Has a fire watch person been assigned while performing hot work? Name.....
	✓		If sparks fall to lower levels, has adequate protection been provided?
✓			Has the work and adjacent areas been isolated with warning tapes and barricades.
✓			Flashback arrestor provided on nozzle torch as well as on cylinder regulator
✓			Monitor the Hot work area after completing of the work for 1 Hr Name..... Time.....
	✓		Is the people planned for hot work is well experience & trained
	✓		Is general safety induction given to the people working in hot work area
	✓		Is the adequate PPEs listed in Section 3 is available with the work crew

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

<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hand Gloves	<input type="checkbox"/> Face Shield / Welding Goggle	<input type="checkbox"/> Apron
<input type="checkbox"/> Nose Mask / Respirators	<input type="checkbox"/> Ear Plug / Muff	<input checked="" type="checkbox"/> Helmet	<input type="checkbox"/> Warning Signs
<input checked="" type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Scaffolds & Ladders	<input type="checkbox"/> Forced Ventilation	<input type="checkbox"/> Safety Shoes
<input checked="" type="checkbox"/> Fire Extinguisher No.	<input type="checkbox"/> Locks / Tags	<input type="checkbox"/> Barricades	<b>Any other :</b>
<b>LOTO Tag Reference No.:</b>	<b>Safety Glasses:</b>	<b>Helmet:</b>	<b>Apron:</b>
<input type="checkbox"/> Checkbox 1	<b>Fretext 4:</b>	<input checked="" type="checkbox"/> Checkbox 2	Date section: NA
<input type="checkbox"/> Ear Plug/ Muff	<input type="checkbox"/> LOTO	<input type="checkbox"/> Barricades & Warning Signs	<input type="checkbox"/> Any Other:
<b>LOTO Tag Reference No.:</b>			

YES	NO	NA	Check Points for the Initiator
	✓		Radio button

### 4. Work Permit Authorization

<b>Cross Referred Permits</b> – To be filled by Initiator (Other type of Work Permits for Same Work)		Permit Type: Excavation Work, Height Work, Hot Work Permit No.: WP/TTK/HOS/EWW/25/00005		
<b>Area Owner</b>	<b>Area Owner</b>	<b>Area Owner</b>	<b>EHS Head</b>	<b>NA</b>
<b>Name:</b> Gopi Krishna Somayajulu <b>Approved On:</b> 22-Dec-2025 11:46:43 AM	<b>Name:</b> Gopi Krishna Somayajulu <b>Approved On:</b> 22-Dec-2025 11:43:32 AM	<b>Name:</b> Gopi Krishna Somayajulu <b>Approved On:</b> 22-Dec-2025 11:43:45 AM	<b>Name:</b> Lalit Aditya Kola <b>Approved On:</b> 22-Dec-2025 11:45:38 AM	<b>Name:</b> Gopi Krishna Somayajulu <b>Approved On:</b> 22-Dec-2025 11:46:44 AM

### 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:
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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
<input checked="" type="checkbox"/> Work completed & Housekeeping done <span style="margin-left: 200px;"><input type="checkbox"/> Work Cancelled due to Operational Reasons</span> <input type="checkbox"/> Work Permit Rejected <span style="margin-left: 200px;"><input type="checkbox"/> Work Permit Not Approved</span>
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: _____
<b>Note: This permit to be kept at job site. Work can not be done with rejected permit or without permit &amp; work shall be immediately stopped after permit rejection.</b>

Work Permit History			
Date	Modified By	Comments	Attachments
22-Dec-2025 11:49:04 AM	Lalit Aditya Kola	Status has been updated to Closed Work permit closed	NA
22-Dec-2025 11:46:44 AM	Gopi Krishna Somayajulu	Status has been updated to Approved	NA
22-Dec-2025 11:43:14 AM	Gopi Krishna Somayajulu	Status has been updated to Partially Approved	NA
22-Dec-2025 11:41:53 AM	Lalit Aditya Kola	A new record was created: Site Name set to 'Hosur' Department set to 'Polishing' Type Of Permit set to 'Excavation Work, Height Work, Hot Work' Name Of Requestor set to 'Lalit Aditya Kola' Shift set to 'Second Shift' Work Permit Date Start set to '22-Dec-2025' Work Permit Date End set to '22-Dec-2025' Work Permit Time Start set to '02:00 PM' Work Permit Time End set to '10:00 PM' Is Manual Ptw set to 'False' Status set to 'Submit'	NA