

<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: 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.</p>	Doc. No: {DocNo}
	Rev No: {RevNo}
	Rev Date: {RevDate}

Cold Work, Electrical Work Permit

Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department	Location of Work
WP/TTK/COI/CWW/25/00008	17-Sep-2025 11:14:12 PM	From 18-Sep-2025 07:30:00 PM To 19-Sep-2025 12:30:00 PM	Maintenance	NA

Work Description:	
--------------------------	--

Standalone Checks

Voltage Level : 0	Location of Work : NA	Work Description : NA	Description of Work : NA
Voltage Level (Other) Please Specify : NA	Equipment being Used : NA		

1. Hazards Identified

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

2. Control Measures

Is all hand tools & equipment's inspected & tag provided?: No	Area is free from any Loose electrical joint/cables & sharp edges.: No	Ensure no underground cables & pipelines in vicinity of work area.: No	Ensure no unguarded openings: No
Surrounding area is checked, cleaned & safe: No	Equipment properly drained / de pressurized: No	LOTO to applied for the work & equipment is safe: No	Availability of sufficient illumination at work spot. Checked relevant PPE.: No
People are competent to do the work: No	Any other source of potential hazard if any remove before start of work.: No	All necessary guarding provided in the rotary objects: No	Safety devices are not bypassed: No
Ensure the work not carrying in running operation: No	Caution board mentioning "Job in Progress" installed near working area.: No	If any of the above criteria required is not met, then do not issue the work permit: No	

3. Safety Equipment Requirement & PPE to be used

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 type="checkbox"/>	Helmet <input type="checkbox"/>	Warning Signs <input type="checkbox"/>

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

1. Hazards Identified

Combustible Materials Nearby <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 <input type="checkbox"/>	Other Hazards: : NA

2. Control Measures

Is LOTO applied on Incoming power supply: No	Conducted a thorough inspection of the work area and identified potential electrical hazards: No	Ensured all necessary precautions have been taken to mitigate electrical risks: No	Verified that all personnel involved in the electrical work activity have received appropriate training and possess the required skills: No
Confirmed that all relevant permits, licenses, and authorizations have been obtained: No	Verified that the work area is free from any potential electrical hazards or risks: No	Ensured proper isolation of electrical equipment from the power source and tagged/locked out: No	Provided workers with appropriate personal protective equipment (PPE) for electrical work: No
Conducted a final inspection before authorizing the electrical work activity: No	Communicated all necessary safety precautions to workers: No	Confirmed that appropriate testing equipment, such as voltage testers and multimeters, are available and in proper working condition: No	Verified that workers are aware of the proper procedures for electrical isolation, lockout/tagout, and testing before starting work: No
Ensured that workers are trained in the safe handling of electrical equipment and materials: No	Verified that workers have received proper training on electrical safety: No	Established and communicated an emergency response plan: No	If any of the above criteria required is not met, then do not issue the work permit.: NA

4. Work Permit Authorization

{PermitAuthorizers}

Work Permit Authorization			
Cross Referred Permits – To be filled by Initiator (Other type of Work Permits for Same Work)	Permit Type: Permit No.:	Permit Type: Permit No.:	Permit Type: Permit No.:

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:

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: _____ / _____						

{PermitExtension}

Work Permit Extension				
<p align="center">Permit Extension to the Next Shift - No Extension for Roof Work, Confined Space activity after 6 pm</p> <p>Should the permit be extended the affected / next operating shift will be fully informed about all the conditions stated on the permit, hazards associated with control measures and ensured that it is safe for the work to the period stated, provided they are followed and maintained throughout the extended period</p>				
Work Permit Extension for next shift (Mention Date & Time For Extension)	Permit Initiator	Job Performer	Permit Hand Over By (During Shift Hand Over) Name of the Initiator	Permit Take Over By (During Shift Hand Over) Name of the Initiator

Work Permit Closure
Work completed & Housekeeping done (To be filled by under whom supervision work was done) YES / NO
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: <u>This permit to be kept at job site. Work can not be done with rejected permit or without permit & work shall be immediately stop after permit rejection.</u>