

	TITAGARH RAIL SYSTEMS LIMITED	Doc. No: ESHMS/P/04
	PERMIT TO WORK	Rev No: 1
		Date: 24-Mar-2026

This PTW is valid only when signed by an authorized issuer, delegated by management. This permit must be issued before specified work is started; it must be cancelled immediately after completion of the work or at the end of the shift as agreed by parties identified on this permit. File cancelled permits in chronological order in a file, which will be stored in site/unit. Permit will be issued only in presence of both concerned engineer and work supervisor..

Confined Space Permit

Site	Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department
Old Orchard	WP/KURA/TGH/CSS/26/00001	23-Mar-2026 07:10:37 PM	From 23-Mar-2026 07:15:00 PM To 23-Mar-2026 08:15:00 PM	Admin

Work Description:	
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Basic Details

Work Order No.:	Work Supervisor:	No. of Persons:	Description of work to be done:
For Work In (Equipment/Machinery):	For Work In (Area/Location):		

Personal protective equipment/gear provided

<input type="checkbox"/> Helmet	<input type="checkbox"/> Hear Protectors	<input type="checkbox"/> Gas Mask	<input type="checkbox"/> Dielectric Gloves
<input type="checkbox"/> Safety Gloves	<input type="checkbox"/> Welder's Helmet	<input type="checkbox"/> Emergency Respirator	<input type="checkbox"/> Safety Shoes
<input type="checkbox"/> Rubber Safety Boots	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Welder's Apron	<input type="checkbox"/> Protective Goggles
<input type="checkbox"/> Anti-Dust Overalls	<input type="checkbox"/> Welders Breeches	<input type="checkbox"/> H2S Mask	<input type="checkbox"/> Work Clothes
<input type="checkbox"/> Safety Belts	<input type="checkbox"/> Dielectric Boots	<input type="checkbox"/> Safety Harness	<input type="checkbox"/> Double Safety Harness
<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Respirator	<input type="checkbox"/> SCBA	<input type="checkbox"/> Lifeline
<input type="checkbox"/> Emergency Alarm	<input type="checkbox"/> Pole Disconnecter	<input type="checkbox"/> Non-conductive hard hat	<input type="checkbox"/> Flash protective clothing
<input type="checkbox"/> Lifeline with rope grab	<input type="checkbox"/> Two-way communication device	<input type="checkbox"/> Approved rubber and leather gloves	<input type="checkbox"/> Insulating mat
<input type="checkbox"/> Fuse puller	<input type="checkbox"/> Safety Net	<input type="checkbox"/> Special Clothing	Other (explain):

Precautions taken and Equipment provided to protect personnel from Accident or Injury

<input type="checkbox"/> All valves and equipment locked and tagged	<input type="checkbox"/> Blinds	<input type="checkbox"/> Block and Bleed	<input type="checkbox"/> Piping Separation
<input type="checkbox"/> Process lines purged	<input type="checkbox"/> Ventilation provided	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Natural Draft
<input type="checkbox"/> Atmosphere tested (O2, H2, CH4, etc.)	<input type="checkbox"/> Attendant / Rescuer Equipment Provided		

4. Work Permit Authorization

NA	NA
Name: Charls Jameson Approved On: NA	Name: Oli Barth Approved On: NA

NA

Work Permit History			
Date	Modified By	Comments	Attachments