	TITAGARH RAIL SYSTEMS LIMITED PERMIT TO WORK	Doc. No: ESHMS/P/04 Rev No: 1 Date: 23-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..

Fire Protection Permit

Site	Permit No.	Date	Time (Max 8 hrs or end of the shift)	Work Performing Department
Old Orchard	WP/KURA/TGH/FPP/26/00001	23-Mar-2026 05:25:00 PM	From 23-Mar-2026 05:55:00 PM To 23-Mar-2026 06:00:00 PM	Admin

Work Description:	

Basic Details

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

Personal protective equipment/gear provided

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

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

☑ Area wet down	☑ Spark shields installed	☑ Spark resistant tools	☑ Area and its adjacent cleared off and barricaded
☑ Work spot has proper access	**Fire Extinguisher available** :		

4. Work Permit Authorization

NA	**NA**
Name: Ang Frias **Approved On:** NA	**Name:** Gul Harkins **Approved On:** NA

Work Permit Closure

Closure Remarks	
☐ Work completed & Housekeeping done	☐ Work Cancelled due to Operational Reasons
☐ Work Permit Rejected	☐ Work Permit Not Approved
Cancelled by: _____ Date: _____ Time: _____	

Work Permit History

Date	Modified By	Comments	Attachments
23-Mar-2026 05:26:32 PM	Oli Barth	EFEWFWE	NA