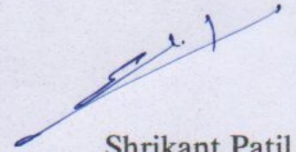


## Declaration For Work Permit & Work Permit Adherence

As a partner in Jay Vijay Construction LLP Kolhapur, I, Shrikant Chandrakant Patil, am writing to inform you that we routinely follow the Work Permit process as part of our company policy. Before any work begins on-site, we create a work permit that outlines the job description, associated risks, and necessary safety precautions. All relevant personnel sign this permit. For your reference, I have attached a few copies of our work permits.

Thanks & Regards





Shrikant Patil

Jay Vijay Construction LLP Kolhapur

Cell No.9975059555

No. **678051** **INTEGRATED WORK PERMIT (For Wind Projects Only) Part B**  
**PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY** Date: **20/04/24**  
 [TO BE FILLED IN TRIPPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE] VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY  
 [TO BE FILLED IN TRIPPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER] VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY

1.0 Name of Site/Location: **RE Solar Park Khavda** Area: **A-5, Block 3 and 3e**  
 Original permit Valid: Dt **20/04/24** From: **9:00** AM / PM to **6:00** AM / PM  
 1<sup>st</sup> Renewal Valid: Dt ..... From: ..... AM / PM to ..... AM / PM  
 2<sup>nd</sup> Renewal Valid: Dt ..... From: ..... AM / PM to ..... AM / PM

Type of work	<input type="checkbox"/> Excavation equipment <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy <input type="checkbox"/> Hot Work <input type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input type="checkbox"/> Other type work (specify):					
Description of work	<b>Stub coating and pile cap coating</b>					
Working Party Detail:	Working Agency: <b>Jay Vijay Construction LLP</b>				No. of Manpower:	
	Name of Engineer/Supervisor:					
OEM Work	OEM Permit on same location	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Available & followed at site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Full Body Harness	<input type="checkbox"/> Nose, Mask/ Dust Mask	<input type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)	<input type="checkbox"/> Ear Plugs
	<input type="checkbox"/> Reflective Jackets	<input checked="" type="checkbox"/> Goggles/ Face shield	<input type="checkbox"/> Others:	<input type="checkbox"/> Shoulder Pads		
Critical Lifting Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Available at site	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
Job Specific Safety Precaution	<b>Yes</b>					
JSA/ HIRA Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Isolation Description: **LOTO Requirement: - YES / NO** Availability of LOTO Locks & TAG: **YES / NO**

Sr. No	Equipment / Device Name	Description of Isolation / LOTO	Sign (Permit Taken by)	Description of Normalized Isolation / LOTO	Sign (Permit Taken by)
		<b>-NO-</b>			

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN.	<b>Ashish H. Ankush Ashish H.</b>						
Design. / Dept.	<b>Eng. - Eng. -</b>						
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Date & Time	<b>20/04/24</b>	<b>20/04/24</b>	<b>20/04/24</b>				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored.

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal
Name/ G/EP	<b>Ashish</b>								
Designation/ Dept.	<b>Eng. -</b>								
Signature	<i>[Signature]</i>						<i>[Signature]</i>		
Date & Time	<b>20/04/24</b>						<b>20/04/24</b>		

NOTE: This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working.

Checklist to ensure Safety (Multiple categories may apply to any given job): Check items completed prior to start

1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).
2. Permit requester may be party who raised work order to frontline working agency; issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.
3. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

*[Handwritten notes and signatures at the bottom of the page, including "Block-40" and "Inwarded"]*

	<h2>Integrated Permit to Work</h2>	Doc No: IMS/OHS/F/175
		Version No: 1.2
		Date: 30.09.2021

No: **678052** INTEGRATED WORK PERMIT (For Wind Projects Only) Part B  
 PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY Date: **21/04/24**  
 (TO BE FILLED IN TRIPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE) - VALID FOR ONE SHIFT ONLY - MAY BE RENEWED TWICE ONLY  
 (TO BE FILLED IN TRIPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER) - VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY

1.0 Name of Site/Location: **RE Salazar Park Khavda** Area # **A-5, B-31 and 38**  
 Original permit Valid: Dt. **21/04/24** From: **9:00** AM / PM to **1:00** AM / PM  
 1<sup>st</sup> Renewal Valid: Dt. From: AM / PM to AM / PM  
 2<sup>nd</sup> Renewal Valid: Dt. From: AM / PM to AM / PM

Type of work	<input type="checkbox"/> Excavation equipment <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy equipment <input type="checkbox"/> Hot Work <input type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input type="checkbox"/> Other type work (specify):						
Description of work	<b>Stub Coating and pile cap coating</b>						
Working Party Detail:	Working Agency: <b>Jay Vijay Constructions LLP</b>				No. of Manpower:		
Name of Engineer/Supervisor:							
OEM Work	OEM Permit on same location	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Available & followed at site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Full Body Harness		<input type="checkbox"/> Nose, Mask/ Dust Mask			
	<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)		<input type="checkbox"/> Ear Plugs			
	<input checked="" type="checkbox"/> Reflective Jackets	<input checked="" type="checkbox"/> Goggles/ Face shield		<input type="checkbox"/> Others:			
	<input type="checkbox"/> Shoulder Pads						
Critical Lifting Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Available at site		<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
Job Specific Safety Precaution	<b>Yes</b>						
JSA/ HIRA Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
						Doc. No:	

Isolation Description: **LOTO Requirement: - YES / NO** Availability of LOTO Locks & TAG: **YES / NO**

Sr. No	Equipment / Device Name	Description of isolation / LOTO	Sign (Permit Taken by)	Description of Normalized isolation / LOTO	Sign (Permit Taken by)
		<b>NO</b>			

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN.	<b>Ashhad Ashhad</b>	<b>Ashhad</b>	<b>Ashhad</b>				
Design. / Dept.	<b>Eng</b>	<b>Eng</b>	<b>Eng</b>				
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Date & Time	<b>21/4/24</b>	<b>21/4/24</b>	<b>21/4/24</b>				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored.

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal
Name/ G/EP	<b>Ashhad</b>						<b>Ashhad</b>		
Designation/ Dept.	<b>Eng</b>						<b>Eng</b>		
Signature	<i>[Signature]</i>						<i>[Signature]</i>		
Date & Time	<b>21/4/24</b>						<b>21/4/24</b>		

NOTE: This PTW shall be deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working.  
 Checklist to ensure Safety (Multiple categories may apply to any given job): **Check items completed prior to start**  
 1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).  
 2. Permit requester may be party who raised work order to frontline working agency, issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.  
 3. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

**Block-40**  
**A-5**  
**Invited**  
**H Section**

5. Crane Lifts & Critical Rigging.  
 Precautions Taken  
 Safety devices (limit switch, boom angle etc.) of the appliances are inspected before use  
 and medically fit including eye sight examined by authority

1. Hot Work (Welding, Grinding, Cutting, Brazing, Hot Rapping)  
 Precautions Taken  
 Flammables/Combustibles (charged gas line, cylinder, paper, rags, wood, etc.)

**adani**  
Renewables

**Integrated Permit to Work**

Doc No: IMS/OHS/P/175  
 Version No: 1.2  
 Date: 30.09.2021

No. **678053** INTEGRATED WORK PERMIT (For Wind Projects Only) Part B  
 PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY Date: **22/04/24**  
 (TO BE FILLED IN TRIPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE) - VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY.  
 (TO BE FILLED IN TRIPLICATE BY PARTY - PINK DISPLAY AT SITE YELLOW - KEPT AT REGISTER WHITE - WITH ISSUER) - VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY.  
 1.0 Name of Site/Location: **RE Solar Park Khanda** Area: **A-5, Block-8 stand 38**  
 Original permit Valid: Dt. **22/04/24** From: **9:00** AM / PM to **6:00** AM / PM  
 1st Renewal Valid: Dt. From: AM / PM to AM / PM  
 2nd Renewal Valid: Dt. From: AM / PM to AM / PM

Type of work	<input type="checkbox"/> Excavation equipment <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy equipment <input type="checkbox"/> Hot Work <input type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input checked="" type="checkbox"/> Other type work (specify)					
Description of work	<b>Stub Coating and pile cap coating</b>					
Working Party Detail:	Working Agency: <b>Jay Vijay Constructions LLP</b>				No. of Manpower:	
	Name of Engineer/Supervisor:					
OEM Work	OEM Permit on same location		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Available & followed at site	
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet		<input type="checkbox"/> Safety Full Body Harness		<input type="checkbox"/> Nose Mask/ Dust Mask	
	<input checked="" type="checkbox"/> Safety Shoes		<input checked="" type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)		<input type="checkbox"/> Ear Plugs	
	<input type="checkbox"/> Reflective Jackets		<input type="checkbox"/> Goggles/ Face shield		<input type="checkbox"/> Others:	
	<input type="checkbox"/> Shoulder Pads					
Critical Lifting Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Available at site			<input type="checkbox"/> Yes <input type="checkbox"/> NO
Job Specific Safety Precaution	<b>Yes</b>					
JSA/ HIRA Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Doc. No.	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No.

Isolation Description: LOTO Requirement - YES / NO Availability of LOTO Locks & TAG- YES / NO-

Sr. No	Equipment / Device Name	Description of isolation / LOTO	Sign (Permit Taken by)	Description of Normalized isolation / LOTO	Sign (Permit Taken by)
		<b>-NO-</b>			

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN.	<b>Ashhad</b>	<b>Ankush</b>	<b>Ashhad</b>				
Design. / Dept.	<b>Eng.</b>	<b>Eng.</b>	<b>Eng.</b>				
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Date & Time	<b>22/4/24</b>	<b>22/4/24</b>	<b>22/4/24</b>				

Return of Permit: - After completion of job, removal of all materials/ men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment/ Facility can be restored

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1st Renewal	2nd Renewal	Original	1st Renewal	2nd Renewal	Original	1st Renewal	2nd Renewal
Name/ G/EP	<b>Ashhad</b>						<i>[Signature]</i>		
Designation/ Dept.	<b>Eng.</b>						<b>S.P.</b>		
Signature	<i>[Signature]</i>						<i>[Signature]</i>		
Date & Time	<b>22/4/24</b>						<b>22/4/24</b>		

NOTE : This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working. Checklist to ensure Safety (Multiple categories may apply to any given job) : Check items completed prior to start

1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).
2. Permit requester may be party who raised work order to frontline working agency, issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.
3. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

**Block-40**  
**A-5**  
**H section**  
**Showered**

No. **INTEGRATED WORK PERMIT (For Wind Projects Only) Part - B**  
**PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY** Date: **23/4/24**  
 (TO BE FILLED IN TRIPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY)  
 (TO BE FILLED IN TRIPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY

1.0 Name of Site/Location: **RE Solar Park Khanda** Area # **A-5, Block 31 and**  
 Original permit Valid: Dt **23/4/24** From: **9:00** AM / PM to **6:00** AM / PM  
 1st Renewal Valid: Dt ..... From: ..... AM / PM to ..... AM / PM  
 2nd Renewal Valid: Dt ..... From: ..... AM / PM to ..... AM / PM

Type of work	<input type="checkbox"/> Excavation equipment. <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy equipment.			
	<input type="checkbox"/> Hot Work <input type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input type="checkbox"/> Other type work (specify):			
Description of work	<b>Stub Coating and Pile cap coating</b>			
Working Party Detail:	Working Agency: <b>Jay Vijay Construction LLP</b>		No. of Manpower:	
	Name of Engineer/Supervisor:			
OEM Work	OEM Permit on same location	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available & followed at site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Full Body Harness	<input type="checkbox"/> Noise Mask/ Dust Mask	
	<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)	<input type="checkbox"/> Ear Plugs	
	<input type="checkbox"/> Reflective Jackets	<input type="checkbox"/> Goggles/ Face shield	<input type="checkbox"/> Others:	
	<input type="checkbox"/> Shoulder Pads			
Critical Lifting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available at site		<input type="checkbox"/> Yes <input type="checkbox"/> NO
Job Specific Safety Precaution	<b>Yes</b>			
JSA/ HIRA Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No Doc. No:

Isolation Description: LOTO Requirement : - YES / NO Availability of LOTO Locks & TAG:- YES / NO

Sr. No	Equipment / Device Name	Description of Isolation / LOTO	Sign (Permit Taken by)	Description of Normalized Isolation / LOTO	Sign (Permit Taken by)
		<b>NO</b>			

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN.	<b>Ashhad</b>	<b>Ashhad</b>	<b>Ashhad</b>				
Design. / Dept.	<b>Eng</b>	<b>Eng</b>	<b>Eng</b>				
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Date & Time	<b>23/4/24</b>	<b>23/4/24</b>	<b>23/4/24</b>				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored.

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1st Renewal	2nd Renewal	Original	1st Renewal	2nd Renewal	Original	1st Renewal	2nd Renewal
Name/ G/EP	<b>Ashhad</b>								
Designation/ Dept.	<b>Eng</b>								
Signature	<i>[Signature]</i>								
Date & Time	<b>23/4/24</b>								

NOTE : This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working.  
 Checklist to ensure Safety (Multiple categories may apply to any given job) : Check items completed prior to start  
 1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).  
 2. Permit requester may be party who raised work order to frontline working agency, issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.  
 3. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

adani Renewables

Integrated Permit to Work

Doc No: IMS/OHS/F/175  
Version No: 1.2  
Date: 30.09.2021

No.

INTEGRATED WORK PERMIT (For Wind Projects Only) Part B  
PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY

Date: 24/04/24

(TO BE FILLED IN BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE). VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY.  
(TO BE FILLED IN BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER). VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY.

1.0 Name of Site/Location: RE Solar Park Kharda Area: A-5, Block-31 and 38

Original permit Valid: Dt: 24/04/24 From: 9:00 AM / PM to 6:00 AM / PM

1<sup>st</sup> Renewal Valid: Dt: ..... From: ..... AM / PM to ..... AM / PM

2<sup>nd</sup> Renewal Valid: Dt: ..... From: ..... AM / PM to ..... AM / PM

Type of work	<input type="checkbox"/> Excavation equipment	<input type="checkbox"/> Electrical	<input type="checkbox"/> Working at height	<input type="checkbox"/> Erection, de-erection & handling heavy
	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Civil Work	<input type="checkbox"/> Lattice Assembly work	<input type="checkbox"/> Other type work (specify)
Description of work	<u>Stub Coating and Pile cap coating</u>			
Working Party Detail:	Working Agency: <u>Jay Vijay Construction LLP</u>		No. of Manpower:	
	Name of Engineer/Supervisor:			
OEM Work	OEM Permit on same location	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available & followed at site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Full Body Harness	<input type="checkbox"/> Nose Mask/ Dust Mask	
	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)	<input type="checkbox"/> Ear Plugs	
	<input checked="" type="checkbox"/> Reflective Jackets	<input type="checkbox"/> Goggles/ Face shield	<input type="checkbox"/> Others:	
Critical Lifting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available at site		<input type="checkbox"/> Yes <input type="checkbox"/> NO
	Job Specific Safety Precaution: <u>Yes</u>			
JSA/ HIRA Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No Doc. No:

Isolation Description: LOTO Requirement: YES / NO Availability of LOTO Locks & TAG: YES / NO

Sr. No	Equipment / Device Name	Description of Isolation / LOTO	Sign (Permit Taken by)	Description of Normalized Isolation / LOTO	Sign (Permit Taken by)
		<u>NO</u>			

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN	<u>Ashhad</u>	<u>Ashhad</u>	<u>Ashhad</u>				
Design. / Dept.	<u>Eng...</u>	<u>Eng...</u>	<u>Eng...</u>				
Signature	<u>Ashhad</u>	<u>Ashhad</u>	<u>Ashhad</u>				
Date & Time	<u>24/04/24</u>	<u>24/04/24</u>	<u>24/04/24</u>				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored.

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal
Name/ G/EP	<u>Ashhad</u>						<u>Ashhad</u>		
Designation/ Dept.	<u>Eng...</u>						<u>Eng...</u>		
Signature	<u>Ashhad</u>						<u>Ashhad</u>		
Date & Time	<u>24/04/24</u>						<u>24/04/24</u>		

NOTE: This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working.

- Checklist to ensure Safety (Multiple categories may apply to any given job): Check items completed prior to start
1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).
  2. Permit requester may be party who raised work order to frontline working agency, issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.
  3. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

Block-40  
A-5  
Invited  
H Section

Integrated Permit to Work

adani Renewables

Integrated Permit to Work

Doc No: IMS/OHS/F/175  
Version No: 1.2  
Date 30.09.2021

No. 678056

INTEGRATED WORK PERMIT (For Wind Projects Only) Part B  
PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY

Date: 25/04/24

[ TO BE FILLED IN TRIPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE ] VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY  
[ TO BE FILLED IN TRIPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER ] VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY

1.0 Name of Site/Location: RE Solar Park Khayda Area # A-5, Block-31 and 38  
Original permit Valid: Dt. 25/04/24 From: 9:00 AM / PM to 6:00 AM / PM  
1st Renewal Valid: Dt. From: AM / PM to AM / PM  
2nd Renewal Valid: Dt. From: AM / PM to AM / PM

Type of work	<input type="checkbox"/> Excavation equipment <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy <input type="checkbox"/> Hot Work <input type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input type="checkbox"/> Other type work (specify)			
Description of work	Stub Coating and Pile cap coating			
Working Party Detail:	Working Agency: Jay Vijay Constructions LLP		No. of Manpower:	
	Name of Engineer/Supervisor:			
OEM Work	OEM Permit on same location	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available & followed at site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Full Body Harness	<input type="checkbox"/> Nose, Mask/ Dust Mask	
	<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)	<input type="checkbox"/> Ear Plugs	
	<input type="checkbox"/> Reflective Jackets	<input checked="" type="checkbox"/> Goggles/ Face shield	<input type="checkbox"/> Others:	
	<input type="checkbox"/> Shoulder Pads			
Critical Lifting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available at site	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Job Specific Safety Precaution	Yes			
JSA/ HIRA Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No    Doc. No:

Isolation Description: LOTO Requirement: - YES / NO    Availability of LOTO Locks & TAG: - YES / NO

Sr. No	Equipment / Device Name	Description of isolation / LOTO	Sign (Permit Taken by)	Description of Normalized isolation / LOTO	Sign (Permit Taken by)

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN.	Ashhad	Ashhad	Ashhad				
Design. / Dept.	Eng..	Eng..	Eng..				
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Date & Time	25/04/24	25/04/24	25/04/24				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1st Renewal	2nd Renewal	Original	1st Renewal	2nd Renewal	Original	1st Renewal	2nd Renewal
Name/ G/EP	Ashhad								
Designation/ Dept.	Eng..								
Signature	<i>[Signature]</i>								
Date & Time									

NOTE: This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working. Checklist to ensure Safety (Multiple categories may apply to any given job): Check items completed prior to start

1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's) working agency or agency who had awarded work order to the specific job.
2. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

*[Handwritten notes and signatures at the bottom of the page]*

**adani** Renewables

**Integrated Permit to Work**

Doc No: IMSIOHS/PTW  
Version No: 1.2  
Date: 30.09.2021

No. **678057** **INTEGRATED WORK PERMIT (For Wind Projects Only) Part B**  
**PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY** Date: **26/04/24**  
 (TO BE FILLED IN TRIPPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY.  
 (TO BE FILLED IN TRIPPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY.

1.0 Name of Site/Location: **RE Solar park Khavda** Area # **A-5 Block-31 and 38**  
 Original permit Valid: Dt. **26/04/24** From: **9:00 AM** to **6:00 AM**  
 1<sup>st</sup> Renewal Valid: Dt. \_\_\_\_\_ From: \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
 2<sup>nd</sup> Renewal Valid: Dt. \_\_\_\_\_ From: \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM

Type of work	<input type="checkbox"/> Excavation equipment <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy			
	<input type="checkbox"/> Hot Work <input type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input type="checkbox"/> Other type work (specify):			
Description of work	<b>Stub coating and pile cap coating</b>			
Working Party Detail:	Working Agency: <b>Jay Vijay Constructions LLP</b>		No. of Manpower: <b>9</b>	
	Name of Engineer/Supervisor: _____			
OEM Work	OEM Permit on same location	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available & followed at site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Full Body Harness	<input type="checkbox"/> Nose, Mask/ Dust Mask	
	<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)	<input type="checkbox"/> Ear Plugs	
Critical Lifting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available at site		<input type="checkbox"/> Yes <input type="checkbox"/> NO
	Job Specific Safety Precaution: <b>Yes</b>			
JSA/ HIRA Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No    Doc. No:

Isolation Description: \_\_\_\_\_ LOTO Requirement: - YES / NO    Availability of LOTO Locks & TAG: - YES / NO

Sr. No	Equipment / Device Name	Description of isolation / LOTO	Sign (Permit Taken by)	Description of Normalized isolation / LOTO	Sign (Permit Taken by)
<b>NO</b>					

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN.	<b>Ashhad</b>	<b>Ankush</b>	<b>Ashhad</b>				
Design. / Dept.	<b>Eng.</b>	<b>J. Jay</b>	<b>Eng.</b>				
Signature	<i>Ashhad</i>	<i>Ankush</i>	<i>Ashhad</i>				
Date & Time	<b>26/4/24</b>	<b>26/4/24</b>	<b>26/4/24</b>				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored.

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal
Name/ G/EP	<b>Ashhad</b>								
Designation/ Dept.	<b>Eng.</b>						<b>Ankush</b>		
Signature	<i>Ashhad</i>						<i>Ankush</i>		
Date & Time	<b>26/4/24</b>						<b>26/4/24</b>		

NOTE: This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working.

- Checklist to ensure Safety (Multiple categories may apply to any given job): **Check items completed prior to start**
- Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).
  - Permit requester may be party who raised work order to frontline working agency, issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.
  - This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

**Block-40**

**Inverted**

**H Section**



**adani**  
Renewables

**Integrated Permit to Work**

Doc No: IMS/OHS/F/175

Version No: 1.2

Date: 30.09.2021

No.

**INTEGRATED WORK PERMIT (For Wind Projects Only) Part B**

**PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY**

Date: 27/04/24

(TO BE FILLED IN TRIPPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY  
(TO BE FILLED IN TRIPPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY

1.0 Name of Site/Location: RE Solar park Khavda Area # A-5, Block-31838

Original permit Valid: Dt. 27/04/24 From: 9:00 AM / PM to 6:00 AM / PM

1<sup>st</sup> Renewal Valid: Dt. .... From: ..... AM / PM to ..... AM / PM

2<sup>nd</sup> Renewal Valid: Dt. .... From: ..... AM / PM to ..... AM / PM

Type of work	<input type="checkbox"/> Excavation equipment <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy equipment <input type="checkbox"/> Hot Work <input type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input type="checkbox"/> Other type work (specify):					
Description of work	<u>Stub coating and pile cap coating</u>					
Working Party Detail:	Working Agency:				No. of Manpower: <u>9</u>	
	Name of Engineer/Supervisor:					
OEM Work	OEM Permit on same location		<input type="checkbox"/> Yes <input type="checkbox"/> No	Available & followed at site		<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet <input checked="" type="checkbox"/> Safety Shoes <input checked="" type="checkbox"/> Reflective Jackets <input type="checkbox"/> Shoulder Pads		<input type="checkbox"/> Safety Full Body Harness <input checked="" type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber) <input checked="" type="checkbox"/> Goggles/Face shield		<input type="checkbox"/> Nose, Mask/ Dust Mask <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Others:	
Critical Lifting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available at site		<input type="checkbox"/> Yes <input type="checkbox"/> NO		
Job Specific Safety Precaution	<u>Yes</u>					
JSA/ HIRA Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	

Isolation Description: LOTO Requirement: - YES / NO Availability of LOTO Locks & TAG: - YES / NO

Sr. No	Equipment / Device Name	Description of isolation / LOTO	Sign (Permit Taken by)	Description of Normalized isolation / LOTO	Sign (Permit Taken by)
		<u>NO</u>			

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal/ Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN.	<u>Ashhad</u>	<u>Ashhad</u>	<u>Ashhad</u>				
Design. / Dept.	<u>Eng</u>	<u>Eng</u>	<u>Eng</u>				
Signature	<u>Ashhad</u>	<u>Ashhad</u>	<u>Ashhad</u>				
Date & Time	<u>27/4/24</u>	<u>27/4/24</u>	<u>27/4/24</u>				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored.

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal
Name/ G/EP	<u>Ashhad</u>						<u>Ashhad</u>		
Designation/ Dept.	<u>Eng</u>						<u>Eng</u>		
Signature	<u>Ashhad</u>						<u>Ashhad</u>		
Date & Time	<u>27/4/24</u>						<u>27/4/24</u>		

NOTE: This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & lean working.

Checklist to ensure Safety (Multiple categories may apply to any given job): Check items completed prior to start

- Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).
- Permit requester may be party who raised work order to frontline working agency, issuer may be party owing site and receiver may be the working agency or agency who had awarded work order for the specific job.
- This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

H section  
Block-40  
A-5  
Requested

**adani**  
Renewables

**Integrated Permit to Work**

Doc No: IMS/OHS/IF/175  
Version No: 1.2  
Date: 30.09.2021

No. **678059**

**INTEGRATED WORK PERMIT (For Wind Projects Only) Part B**  
**PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY**

Date: **28/04/24**

(TO BE FILLED IN TRIPPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE) - VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY  
(TO BE FILLED IN TRIPPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER) - VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY

1.0 Name of Site/Location: **RE Solar Park, Khanda** Area # **A-5, Block-31 and 38**

Original permit Valid: Dt. **28/04/24** From: **9:00 AM** to **12:00 AM**

1<sup>st</sup> Renewal Valid: Dt. .... From: ..... AM / PM to ..... AM / PM

2<sup>nd</sup> Renewal Valid: Dt. .... From: ..... AM / PM to ..... AM / PM

Type of work	<input type="checkbox"/> Excavation equipment	<input type="checkbox"/> Electrical	<input type="checkbox"/> Working at height	<input type="checkbox"/> Erection, de-erection & handling heavy
	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Civil Work	<input type="checkbox"/> Lattice Assembly work	<input type="checkbox"/> Other type work (specify):
Description of work	<b>Stub Coating and Pile cap coating</b>			
Working Party Detail:	Working Agency: <b>Day Vijay Constructions LLP</b>			No. of Manpower: <b>9</b>
	Name of Engineer/Supervisor: _____			
OEM Work	OEM Permit on same location	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available & followed at site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Full Body Harness	<input type="checkbox"/> Nose Mask/ Dust Mask	
	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)	<input type="checkbox"/> Ear Plugs	
	<input type="checkbox"/> Reflective Jackets	<input type="checkbox"/> Goggles/ Face shield	<input type="checkbox"/> Others: _____	
	<input type="checkbox"/> Shoulder Pads	Available at site		
Critical Lifting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Specific Safety Precaution	<b>Yes</b>			
JSA/ HIRA Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No Doc. No:

Isolation Description: **LOTO Requirement - YES / NO** Availability of LOTO Locks & TAG - YES / NO

Sr. No	Equipment / Device Name	Description of Isolation / LOTO	Sign (Permit Taken by)	Description of Normalized Isolation / LOTO	Sign (Permit Taken by)
		<b>- NO -</b>			

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN	<b>Ashhad</b>	<b>Ashhad</b>	<b>Ashhad</b>				
Design. / Dept.	<b>Engn</b>	<b>Engn</b>	<b>Engn</b>				
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>				
Date & Time	<b>28/4/24</b>	<b>28/4/24</b>	<b>28/4/24</b>				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored.

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal
Name/ G/EP	<b>Ashhad</b>						<i>[Signature]</i>		
Designation/ Dept.	<b>Engn</b>						<b>Engn</b>		
Signature	<i>[Signature]</i>						<i>[Signature]</i>		
Date & Time	<b>28/4/24</b>						<b>28/4/24</b>		

NOTE: This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working. Checklist to ensure Safety (Multiple categories may apply to any given job): Check items completed prior to start

1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).
2. Permit requester may be party who raised work order to frontline working agency, issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.
3. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

**Approved**  
**A-5**  
**Block-40**  
**H section**

**adani**  
Renewables

**Integrated Permit to Work**

Doc No: IMS/OHS/F/175  
Version No: 1.2  
Date: 30.09.2021

No.

678060

INTEGRATED WORK PERMIT (For Wind Projects Only) Part B

PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY

Date: 29/04/24

(TO BE FILLED IN TRIPPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE) - VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY  
(TO BE FILLED IN TRIPPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER) - VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY

1.0 Name of Site/Location: RE Solar Park Khavda Area # A-5, Block 31, 38 and 39

Original permit Valid: Dt. 29/04/24 From: 9:00 AM / PM to 6:00 AM / PM

1st Renewal Valid: Dt. From: AM / PM to AM / PM

2nd Renewal Valid: Dt. From: AM / PM to AM / PM

Type of work	<input type="checkbox"/> Excavation equipment. <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy <input type="checkbox"/> Hot Work <input checked="" type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input type="checkbox"/> Other type work (specify)					
Description of work	Stub Coating and pile cap coating					
Working Party Detail:	Working Agency: Jay Vijay Construction LLP				No. of Manpower:	
	Name of Engineer/Supervisor:					
OEM Work	OEM Permit on same location		<input type="checkbox"/> Yes <input type="checkbox"/> No	Available & followed at site		<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet <input checked="" type="checkbox"/> Safety Shoes <input checked="" type="checkbox"/> Reflective Jackets <input type="checkbox"/> Shoulder Pads		<input type="checkbox"/> Safety Full Body Harness <input checked="" type="checkbox"/> Hand gloves (CR/ELE/Leather/Rubber) <input checked="" type="checkbox"/> Goggles/Face shield		<input type="checkbox"/> Nose, Mask/ Dust Mask <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Others:	
Critical Lifting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available at site			<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Job Specific Safety Precaution	Yes					
JSA/ HIRA Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	

Isolation Description: LOTO Requirement - YES / NO Availability of LOTO Locks & TAG - YES / NO

Sr. No	Equipment / Device Name	Description of isolation / LOTO	Sign (Permit Taken by)	Description of Normalized isolation / LOTO	Sign (Permit Taken by)

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN	Ashhad	Ankush	Ashhad				
Design. / Dept.	Eng	Eng	Eng				
Signature	<i>Ashhad</i>	<i>Ankush</i>	<i>Ashhad</i>				
Date & Time	29/04/24	29/04/24	29/04/24				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored.

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1st Renewal	2nd Renewal	Original	1st Renewal	2nd Renewal	Original	1st Renewal	2nd Renewal
Name/ G/EP	Ashhad						Ankush		
Designation/ Dept.	Eng						Eng		
Signature	<i>Ashhad</i>						<i>Ankush</i>		
Date & Time	29/04/24						29/04/24		

NOTE: This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working.

Checklist to ensure Safety (Multiple categories may apply to any given job): Check items completed prior to start

1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's)
2. Permit requester may be party who raised work order to frontline working agency, issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.
3. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

Level 40  
Block-40  
Invited

**adani**  
Renewables

**Integrated Permit to Work**

Doc No: IMS/OHS/IF/175

Version No: 1.2

Date: 30.09.2021

No. **678061**

**INTEGRATED WORK PERMIT (For Wind Projects Only) Part B**  
**PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY**

Date: **30/04/24**

(TO BE FILLED IN TRIPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY.  
(TO BE FILLED IN TRIPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW - KEPT AT REGISTER, WHITE - WITH ISSUER) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY.

1.0 Name of Site/Location: **RE Solar Park Khairat** Area # **A-5, Block-31 and 39**

Original permit Valid: Dt. **30/04/24** From: **9:00 AM** to **6:00 AM**

1<sup>st</sup> Renewal Valid: Dt. From: AM / PM to AM / PM

2<sup>nd</sup> Renewal Valid: Dt. From: AM / PM to AM / PM

Type of work	<input type="checkbox"/> Excavation equipment <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy			
	<input type="checkbox"/> Hot Work <input checked="" type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input type="checkbox"/> Other type work (specify):			
Description of work	<b>Stub Coating and Pile cap coating</b>			
Working Party Detail:	Working Agency: <b>Jay Vijay Construction LLP</b>		No. of Manpower:	
	Name of Engineer/Supervisor:			
OEM Work	OEM Permit on same location	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available & followed at site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Full Body Harness	<input type="checkbox"/> Nose, Mask/ Dust Mask	
	<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)	<input type="checkbox"/> Ear Plugs	
	<input checked="" type="checkbox"/> Reflective Jackets	<input checked="" type="checkbox"/> Goggles/ Face shield	<input type="checkbox"/> Others:	
	<input checked="" type="checkbox"/> Shoulder Pads			
Critical Lifting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available at site	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Job Specific Safety Precaution	<b>Yes</b>			
JSA/ HIRA Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No    Doc. No:

Isolation Description:    LOTO Requirement - YES / NO    Availability of LOTO Locks & TAG- YES / NO

Sr. No	Equipment / Device Name	Description of isolation / LOTO	Sign (Permit Taken by)	Description of Normalized isolation / LOTO	Sign (Permit Taken by)
		<b>NO</b>			

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN	<b>Ashhad</b>	<b>Ashhad</b>	<b>Ashhad</b>				
Design. / Dept.	<b>Eng</b>	<b>Eng</b>	<b>Eng</b>				
Signature	<i>Ashhad</i>	<i>Jay Vijay</i>	<i>Ashhad</i>				
Date & Time	<b>30/04/24</b>	<b>30/04/24</b>	<b>30/04/24</b>				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored.

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal
Name/ G/EP	<b>Ashhad</b>						<b>Ashhad</b>		
Designation/ Dept.	<b>Eng</b>						<b>Eng</b>		
Signature	<i>Ashhad</i>						<i>Jay Vijay</i>		
Date & Time	<b>30/04/24</b>						<b>30/04/24</b>		

NOTE: - This PTW shall be deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working.  
Checklist to ensure Safety (Multiple categories may apply to any given job): **Check items completed prior to start**  
1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).  
2. Permit requester may be party who raised work order to frontline working agency, issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.  
3. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

**Invited**

**A-5**  
**Block-40**

**H Section**

**adani**  
Renewables

**Integrated Permit to Work**

Doc No: IMS/OHS/F/175

Version No: 1.2

Date: 30.09.2021

No. **678062**

**INTEGRATED WORK PERMIT (For Wind Projects Only) Part B**  
**PERMIT TO WORK FOR INDIVIDUAL WORKING AGENCY**

Date: **02/05/24**

(TO BE FILLED IN TRIPLICATE BY PARTY - ORIGINAL PINK, YELLOW & OTHERS WHITE) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY  
(TO BE FILLED IN TRIPLICATE BY PARTY - PINK DISPLAY AT SITE, YELLOW KEPT AT REGISTER, WHITE - WITH ISSUER) VALID FOR ONE SHIFT AND MAY BE RENEWED TWICE ONLY

1.0 Name of Site/Location: **RG Solar Park Khanda** Area #: **A-5, Block-81**

Original permit Valid: Dt. **02/05/24** From: **9:00** AM / PM to: **6:00** AM / PM

1<sup>st</sup> Renewal Valid: Dt. From: AM / PM to: AM / PM

2<sup>nd</sup> Renewal Valid: Dt. From: AM / PM to: AM / PM

Type of work	<input type="checkbox"/> Excavation equipment <input type="checkbox"/> Electrical <input type="checkbox"/> Working at height <input type="checkbox"/> Erection, de-erection & handling heavy <input type="checkbox"/> Hot Work <input checked="" type="checkbox"/> Civil Work <input type="checkbox"/> Lattice Assembly work <input type="checkbox"/> Other type work (specify):			
Description of work	<b>Stub Coating work</b>			
Working Party Detail:	Working Agency: <b>Day Energy Construction LLP</b>		No. of Manpower:	
	Name of Engineer/Supervisor: <b>Digvijay Singh</b>			
OEM Work	OEM Permit on same location	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available & followed at site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety PPE Requirements	<input checked="" type="checkbox"/> Safety Helmet	<input type="checkbox"/> Safety Full Body Harness	<input type="checkbox"/> Nose Mask/ Dust Mask	
	<input checked="" type="checkbox"/> Safety Shoes	<input checked="" type="checkbox"/> Hand gloves (CR/ ELE/ Leather/ Rubber)	<input type="checkbox"/> Ear Plugs	
	<input checked="" type="checkbox"/> Reflective Jackets	<input checked="" type="checkbox"/> Goggles/ Face shield	<input type="checkbox"/> Others:	
	<input type="checkbox"/> Shoulder Pads			
Critical Lifting Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available at site	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Job Specific Safety Precaution	<b>Yes</b>			
JSA/ HIRA Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doc. No:	SOP Available	<input type="checkbox"/> Yes <input type="checkbox"/> No    Doc. No:

Isolation Description: LOTO Requirement - YES / NO    Availability of LOTO Locks & TAG - YES / NO

Sr. No	Equipment / Device Name	Description of isolation / LOTO	Sign (Permit Taken by)	Description of Normalized Isolation / LOTO	Sign (Permit Taken by)

I understand the hazard involved and have taken all necessary precaution/Controls as mentioned above.

	Permit Original			Permit Renewal First		Permit Renewal Second	
	Requested by	Issued by	Taken by	Issued by	Taken by	Issued by	Taken by
Name/G/EPN	<b>Digvijay</b>	<b>Digvijay</b>	<b>Digvijay</b>				
Design. / Dept.	<b>Engg.</b>	<b>Engg.</b>	<b>Engg.</b>				
Signature	<b>Digvijay</b>	<b>Digvijay</b>	<b>Digvijay</b>				
Date & Time	<b>02/05/24</b>	<b>02/05/24</b>	<b>02/05/24</b>				

Return of Permit: - After completion of job, removal of all materials / men from site has done by Working Agency. Now Equipment & Area is safe for operation. The above Equipment / Facility can be restored

	Permit Return by			Return Permit Received by Central Agency / Maint. Group			Return Permit Received by Departmental Issuing Agency		
	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal	Original	1 <sup>st</sup> Renewal	2 <sup>nd</sup> Renewal
Name/ G/EP							<b>Digvijay</b>		
Designation/ Dept.							<b>Engg.</b>		
Signature							<b>Digvijay</b>		
Date & Time							<b>02/05/24</b>		

NOTE: This PTW shall deemed to be cancelled if there is any change in work condition, climate (rain, storm) & team working.

Checklist to ensure Safety (Multiple categories may apply to any given job): Check items completed prior to start

1. Permit to be signed by people not less than Site Engineer (from Adani Business Location/Contractor's).
2. Permit requester may be party who raised work order to frontline working agency, issuer may be party owning site and receiver may be the working agency or agency who had awarded work order for the specific job.
3. This work permit cannot be raised unless SWP / SOP is available and site induction / tool box talk is given based on the same.

**H section**    **A-5**    **Block-40**    **Invited**



# ENDURANCE TECHNOLOGIES LTD.

K-226/1, M.I.D.C., WALLUJ, AURANGABAD - 431 136,

## GENERAL WORK

Ref.No. ETL / CORP. EHS/ P-4

Rel. date: 01.04.2021

Rev. No. 01

Permit No.: \_\_\_\_\_ Date and Time: 19/12/23

Cross Ref. / LOTO No.(If applicable): CAR 60 244 Date and Time: 19/12/23 9:30Am

Permit Receiver name of Agency / contractor: Jay Vijay Co. Permit issuer name: Ruchi Ladhkar

Work location / Department: machine shop Plant / Section: 226/1

In case of Emergency Siron receive : stop work immediately and fast walked toward safe assembly point & wait for next instruction.

I) Please carry out the following work : coat epoxy work at location / machine : machine shop

Sr.	Job description (Pl mark right tick wherever applicable)	Sr.	Check List (Pl mark right tick wherever applicable)
	Working at Height (Below 3 mts.)	1	Availability of appropriate equipment for work <input checked="" type="checkbox"/>
1	cleaning (Dry / Wet Mopping) <input checked="" type="checkbox"/>	2	Electrical equipment with 3 pin top <input checked="" type="checkbox"/>
2	Flooring (Epoxy / Normal Painting work) <input checked="" type="checkbox"/>	3	Barricade of area (If Require) <input checked="" type="checkbox"/>
3	Other work / Civil work on Ground <input checked="" type="checkbox"/>	4	Required PPE's provided (Safety belt, helmet, hand gloves and safety shoes) <input checked="" type="checkbox"/>
	Tube cleaning / Glass Cleaning <input checked="" type="checkbox"/>	5	Visibility in the area (Use portable light If require) <input checked="" type="checkbox"/>
	Other work (Please Specify) <input checked="" type="checkbox"/>	6	Continous supervision <input checked="" type="checkbox"/>
	<u>epoxy work</u>	7	MSDS safety instruction read for cleaning chemical <input checked="" type="checkbox"/>
	<u>machine shop</u>	8	Any other, Please specify: <input checked="" type="checkbox"/>
		9	

### II) Job Safety Analysis

Sr. No	List of Activities	Hazard Identification	Risks level (H/M/L)	Available control measures	Check
	grinder etc	head injured eye injured	M	use safety belt use safety shoes use safety helmet	<input checked="" type="checkbox"/>

### III) Contractor Information with Declaration (I have understand the hazard and risk involed in above activity, take full responsibility for training and safety of my employees as per EHS rules and regulation of ETL.)

Sr. No	Name of contractor employees	Contractor ID Card	Valid till	Supervisor Name	Qualification / Experience	Signature of Permit holder	Remark		
1	Sujit More	3314716512		Sujit More	3ycom				
2	Shanway Abamad	3315857672							
3	Ashish K	3315857777							
4	Salim K	3314467699							
5									

(In case more than 5 contractor employee separate sheet need to attach)

### IV) Authorization of Work Permit: (I have examined the work description in the permit and job safety analysis found satisfactory)

Signature					
Name of Person					
Designation	User Department Supervisor	Area HOD	Plant HR (After verifying CSM)	Plant EHS	Operation Head / Production Head

### IV) Completion (Closure of Work Permit):

Date and time	Work Compleat date and time	Estimated Time	Work completed	Quality of work (Average, Satisfactory, Good)
19/12/23				

Remark and Signature of User department on closure of work permit:

Resistors : PE even soft or wrong o capn lk work

Note: Distribution of Permit copy : 1<sup>st</sup> Copy with contractor who is doing job ; 2<sup>nd</sup> Copy with EHS officer and 3<sup>rd</sup> Copy with Security

### Renewal of permit

Renewal of Permit is allowed for 24 hours on continuous work

Date	Time		Authorized by Approving authority (Plant Head / Operation Head)	Approval From COO / President Operations Received
	From	To		