

Vol. no. : **073** General Work Permit GWP No. : **03627**

Work Order No. : Applicant Name : Mr. Teerasak S.
System : Section : ES
KKS : Telephone No. :
Type and scope of work : Mr. Generator 011, 012, 010
Project :
Location : 011, 012, 010
Recommendation from Applicant :
This work to be done by : ES (Company name), Telephone No. :
O Planned work O Have trip signal O Do not have trip signal

Safety Confirmation

☒ Have work schedule or lay-out ☒ Safety helmet ☒ Safety shoes ☐ Earplug/Earmuff
☒ Safety training passed ☒ Mask ☐ Chemical mask ☐ Chemical suit
☒ Equipment and tools have well safety specification ☐ Chemical boots ☐ Chemical gloves ☐ Goggle
Risk assessment attached No. : AS-AC-054-R-00
Environment aspect attached No. : AS-AC-055-R-00

Working duration is permitted as defined date/time in below table (max duration is 7 days)

Working Date	Starting Time	No. of Worker	Foreman Name	Foreman Signature	OSM Signature	Ending Time	Remark/Detail of work
9/1/24	09:30	1	<u>ES</u>	<u>ES</u>	<u>ES</u>	16:00	

Applicant and OSM have discussed and defined of any required in below table and attach all requested sheet into this PTW after closed.

Working date	ISOLATION no./Lock box No.	HWP no.	CSP no.	DWP no.	WHP no.	Other (Specify)

The work has to be continued longer than 7 days so this PTW is renewed by PTW No. The completion : This is to certify that the above work is completed.
O All applicable locks have been cleared O All equipments are ready for operation O All waste has been cleared O All tools have been removed

APPLICANT OSM

Name : Teerasak S. Name : ES
Signature : Teerasak S. Signature : ES
Date/Time : 9/1/24 Date/Time : 16/9/24

White: Keep in control room, Blue: Show at working area

In case of emergency call 1456 or use any installed paging system in power plant

Vol. no. : **075** General Work Permit GWP No. : **03745**

Work Order No. : Applicant Name : Riththorn C
System : Section : WAT
KKS : Telephone No. :
Type and scope of work : Replacing a new pressure gauge of service water pump no.2 discharge water
Project :
Location : Service water pump
Recommendation from Applicant :
This work to be done by : CS (Company name), Telephone No. :
O Planned work O Have trip signal O Do not have trip signal

Safety Confirmation

☒ Have work schedule or lay-out ☒ Safety helmet ☒ Safety shoes ☐ Earplug/Earmuff
☒ Safety training passed ☒ Mask ☐ Chemical mask ☐ Chemical suit
☒ Equipment and tools have well safety specification ☐ Chemical boots ☐ Chemical gloves ☐ Goggle
Risk assessment attached No. : RA-AC-209
Environment aspect attached No. : AS-AC-105

Working duration is permitted as defined date/time in below table (max duration is 7 days)

Working Date	Starting Time	No. of Worker	Foreman Name	Foreman Signature	OSM Signature	Ending Time	Remark/Detail of work
16/02/24	13:30	4	<u>Riththorn C</u>	<u>Riththorn C</u>	<u>ES</u>	15:00	<u>Replacing a new pressure gauge.</u>

Applicant and OSM have discussed and defined of any required in below table and attach all requested sheet into this PTW after closed.

Working date	ISOLATION no./Lock box No.	HWP no.	CSP no.	DWP no.	WHP no.	Other (Specify)
16/02/24	220216, 203					

The work has to be continued longer than 7 days so this PTW is renewed by PTW No. The completion : This is to certify that the above work is completed.
O All applicable locks have been cleared O All equipments are ready for operation O All waste has been cleared O All tools have been removed

APPLICANT OSM

Name : Riththorn C Name : ES
Signature : Riththorn C Signature : ES
Date/Time : 16/02/2024 10:00 Date/Time : 16/02/2024

White: Keep in control room, Blue: Show at working area

In case of emergency call 1456 or use any installed paging system in power plant

Vol. no. : **077** General Work Permit GWP No. : **03801**

Work Order No. : 142240304.0009		Verbally Application by : Rithkon C	
System : STAN Gas turbine		Accepted by OSM name : CS	
KKS : 14108A100005010		Date / Time : 04/03/2024 15:00h	
Type and scope of work : Cleaning sight glasses of STAN flame detectors			
Project : STAN Enclosure			
Location : CS		Telephone No. : 083-0872221	
Recommendation from Applicant : CS		(Company name), Telephone No. : 083-0872221	
This work to be done by : CS		O Do not have trip signal	
<input checked="" type="checkbox"/> Planned work		<input type="checkbox"/> Unplanned work	
Safety Confirmation		PPE Required	
<input type="checkbox"/> Have work schedule or lay-out		<input checked="" type="checkbox"/> Safety helmet	
<input checked="" type="checkbox"/> Safety training passed		<input type="checkbox"/> Safety shoes	
<input type="checkbox"/> Equipment and tools have well safety specification		<input type="checkbox"/> Chemical mask	
<input checked="" type="checkbox"/> Risk assessment attached No. RA-AC-086		<input type="checkbox"/> Chemical boots	
<input type="checkbox"/> Environment aspect attached No. AS-AC-105		<input type="checkbox"/> Chemical gloves	
		<input type="checkbox"/> Safety Glasses	
		<input type="checkbox"/> Other	

Working duration is permitted as defined date/time in below table (max duration is 7 days)

Working Date	Starting Time	No. of Worker	Foreman Name	Foreman Signature	OSM Signature	Ending Time	Remark/Detail of work
05/03/2024	06.00h	2	Rithkon C	RW	RW	07.15h	

Applicant and OSM have discussed and defined of any required in below table and attach all requested sheet into this PTW after closed.

Working date	ISOLATION no./Lock box No.	HWP no.	CSP no.	DWP no.	WHP no.	Other (Specify)

The work has to be continued longer than 7 days so this PTW is renewed by PTW No. The completion : This is to certify that the above work is completed.

APPLICANT		OSM	
Name : Rithkon C	Name : CS	Name : Pichet r.	Name : gdm
Signature : RW	Signature : RW	Signature : CS	Signature : CS
Date/Time : 05/03/2024 (15.30h)	Date/Time : 05/03/2024	Date/Time : 11/03/24	Date/Time : 12.00

White: Keep in control room, Blue: Show at working area
In case of emergency call 1456 or use any installed paging system in power plant

Vol. no. : **078** General Work Permit GWP No. : **03887**

Work Order No. : 142240304.0009		Verbally Application by : Rithkon C	
System : STAN Gas turbine		Accepted by OSM name : CS	
KKS : 14108A100005010		Date / Time : 04/03/2024 09:20h	
Type and scope of work : Replacing condenser filter of gas feed pump CS011112			
Project : CS011112			
Location : CS		Telephone No. : 083-0872221	
Recommendation from Applicant : CS		(Company name), Telephone No. : 083-0872221	
This work to be done by : CS		O Do not have trip signal	
<input checked="" type="checkbox"/> Planned work		<input type="checkbox"/> Unplanned work	
Safety Confirmation		PPE Required	
<input type="checkbox"/> Have work schedule or lay-out		<input checked="" type="checkbox"/> Safety helmet	
<input checked="" type="checkbox"/> Safety training passed		<input type="checkbox"/> Safety shoes	
<input type="checkbox"/> Equipment and tools have well safety specification		<input type="checkbox"/> Chemical mask	
<input checked="" type="checkbox"/> Risk assessment attached No. RA-AC-205		<input type="checkbox"/> Chemical boots	
<input type="checkbox"/> Environment aspect attached No. AS-AC-104		<input type="checkbox"/> Chemical gloves	
		<input type="checkbox"/> Safety Glasses	
		<input type="checkbox"/> Other	

Working duration is permitted as defined date/time in below table (max duration is 7 days)

Working Date	Starting Time	No. of Worker	Foreman Name	Foreman Signature	OSM Signature	Ending Time	Remark/Detail of work
01/04/24	09.45h	1	Rithkon C	RW	RW	15.00h	

Applicant and OSM have discussed and defined of any required in below table and attach all requested sheet into this PTW after closed.

Working date	ISOLATION no./Lock box No.	HWP no.	CSP no.	DWP no.	WHP no.	Other (Specify)

The work has to be continued longer than 7 days so this PTW is renewed by PTW No. The completion : This is to certify that the above work is completed.

APPLICANT		OSM	
Name : Rithkon C	Name : CS	Name : Pichet r.	Name : gdm
Signature : RW	Signature : RW	Signature : CS	Signature : CS
Date/Time : 01/04/24 (16.30h)	Date/Time : 01/04/24	Date/Time : 16.40	Date/Time : 16.40

White: Keep in control room, Blue: Show at working area
In case of emergency call 1456 or use any installed paging system in power plant

Vol. no. : **081** General Work Permit GWP No. : **04026**

Work Order No. : Applicant Name : M. S. Whalley
System : Section : HSE
KKS : Telephone No. : 031-190497
Date / Time : 14/15/17

Type and scope of work : Inspection, crane and load test
Project : Crane inspection
Location : North Shop

Recommendation from Applicant :
This work to be done by : All (Company name), Telephone No. : 031-190497

Safety Confirmation		PPE Required	
<input checked="" type="checkbox"/> Planned work	<input type="checkbox"/> Unplanned work	<input checked="" type="checkbox"/> Have work schedule or lay-out	<input type="checkbox"/> Safety shoes
<input checked="" type="checkbox"/> Equipment and tools have well safety specification	<input type="checkbox"/> Risk assessment attached No. : <u>35A 007</u>	<input checked="" type="checkbox"/> Safety training passed	<input type="checkbox"/> Chemical mask
<input checked="" type="checkbox"/> Environment aspect attached No. : <u>35A 007</u>		<input type="checkbox"/> Chemical boots	<input type="checkbox"/> Chemical suit
		<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Goggle
			<input type="checkbox"/> Safety Glasses
			<input type="checkbox"/> Other : <u>15/190497</u>

Working duration is permitted as defined date/time in below table (max duration is 7 days)

Working Date	Starting Time	No. of Worker	Foreman Name	Foreman Signature	OSM Signature	Ending Time	Remark/Detail of work
14/15/17	9.00	4	Whalley, M	Whalley, M	Whalley, M	16.45	

Applicant and OSM have discussed and defined of any required in below table and attach all requested sheet into this PTW after closed.

Working date	ISOLATION no./Lock box No.	HWP no.	CSP no.	DWP no.	WHP no.	Other (Specify)
14/15/17						2535

The work has to be continued longer than 7 days so this PTW is renewed by PTW No. : The completion : This is to certify that the above work is completed.

☒ All applicable locks have been cleared ☒ All equipment are ready for operation ☒ All waste have been removed

APPLICANT		OSM		ODM	
Name : <u>M. S. Whalley</u>	Name : <u> </u>	Name : <u> </u>	Name : <u>Pichet R.</u>	Name : <u> </u>	Name : <u> </u>
Signature : <u>Whalley, M</u>	Signature : <u> </u>	Signature : <u> </u>	Signature : <u> </u>	Signature : <u> </u>	Signature : <u> </u>
Date/Time : <u>14/15/17 16.45</u>	Date/Time : <u>14/15/17 16.45</u>	Date/Time : <u>14/15/17 16.45</u>	Date/Time : <u>14/15/17 16.45</u>	Date/Time : <u>14/15/17 16.45</u>	Date/Time : <u>14/15/17 16.45</u>

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In case of emergency call 1456 or use any installed paging system in power plant

Vol. no. : **082** General Work Permit GWP No. : **04096**

Work Order No. : Applicant Name : Rithilora C
System : Section : C42
KKS : Telephone No. : 03-0432921
Date / Time : 06/06/24 09.00

Type and scope of work : Replacing pH sensor probe of LP FW discharge line
Project :
Location : Sampling table

Recommendation from Applicant :
This work to be done by : C5 (Company name), Telephone No. : 03-0432921

Safety Confirmation		PPE Required	
<input type="checkbox"/> Planned work	<input checked="" type="checkbox"/> Unplanned work	<input type="checkbox"/> Have work schedule or lay-out	<input checked="" type="checkbox"/> Safety shoes
<input checked="" type="checkbox"/> Equipment and tools have well safety specification	<input type="checkbox"/> Risk assessment attached No. : <u>RA-AC-301, 073</u>	<input checked="" type="checkbox"/> Safety training passed	<input type="checkbox"/> Chemical mask
<input checked="" type="checkbox"/> Environment aspect attached No. : <u>AS-AC-226, 004</u>		<input type="checkbox"/> Chemical boots	<input type="checkbox"/> Chemical suit
		<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Goggle
			<input type="checkbox"/> Safety Glasses
			<input type="checkbox"/> Other : <u> </u>

Working duration is permitted as defined date/time in below table (max duration is 7 days)

Working Date	Starting Time	No. of Worker	Foreman Name	Foreman Signature	OSM Signature	Ending Time	Remark/Detail of work
06/06/24	09.30	1	Rithilora C	Rithilora C	Rithilora C	12.00	

Applicant and OSM have discussed and defined of any required in below table and attach all requested sheet into this PTW after closed.

Working date	ISOLATION no./Lock box No.	HWP no.	CSP no.	DWP no.	WHP no.	Other (Specify)

The work has to be continued longer than 7 days so this PTW is renewed by PTW No. : The completion : This is to certify that the above work is completed.

☒ All applicable locks have been cleared ☒ All equipment are ready for operation ☒ All waste have been removed

APPLICANT		OSM		ODM	
Name : <u>Rithilora C</u>	Name : <u> </u>	Name : <u> </u>	Name : <u> </u>	Name : <u> </u>	Name : <u> </u>
Signature : <u>Rithilora C</u>	Signature : <u> </u>	Signature : <u> </u>	Signature : <u> </u>	Signature : <u> </u>	Signature : <u> </u>
Date/Time : <u>06/06/24 (16.30x7)</u>	Date/Time : <u>06/06/24 16.30</u>	Date/Time : <u>06/06/24 16.30</u>	Date/Time : <u>06/06/24 16.30</u>	Date/Time : <u>06/06/24 16.30</u>	Date/Time : <u>06/06/24 16.30</u>

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In case of emergency call 1456 or use any installed paging system in power plant