

Permit To Work Report - Night Work (Permit UID - APA/12A/MYTPLD/NW/0001)

Type of permit	Night Work														
Name of project/ site	Site-A														
Contractor company	MyHome Testing Private Limited														
Name of client/ contractor	Raj Kumar Pativada														
Work location															
Scope of work															
Work permit start date	10/23/2024 12:00:00 AM														
Work permit start time	10/25/2024 11:25:00 PM														
Work permit close date	10/30/2024 12:00:00 AM														
Work permit close time	10/25/2024 11:30:00 PM														
No. of workers	0														
Tools/ equipments to be used															
Description of work															
Reference permit no.															
Hazards	<table><tr><td>Falling Objects <input type="checkbox"/></td><td>Hardhacks <input type="checkbox"/></td><td>Fatigue <input type="checkbox"/></td><td>Low Visibility <input type="checkbox"/></td></tr><tr><td>Stress <input type="checkbox"/></td><td>Drowsy <input type="checkbox"/></td><td>Improper Monitoring <input type="checkbox"/></td><td>Person Falls <input type="checkbox"/></td></tr><tr><td>Depression <input type="checkbox"/></td><td>Other Hazards :</td><td colspan="2"></td></tr></table>			Falling Objects <input type="checkbox"/>	Hardhacks <input type="checkbox"/>	Fatigue <input type="checkbox"/>	Low Visibility <input type="checkbox"/>	Stress <input type="checkbox"/>	Drowsy <input type="checkbox"/>	Improper Monitoring <input type="checkbox"/>	Person Falls <input type="checkbox"/>	Depression <input type="checkbox"/>	Other Hazards :		
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Toolbox talks	{ToolboxTalks}														

PPEs	Safety Helmet <input type="checkbox"/>	Safety Shoes <input type="checkbox"/>	Full Body Harness <input type="checkbox"/>
	Cover All <input type="checkbox"/>	High Visibility vest <input type="checkbox"/>	Other PPEs :

Safety considerations	Is sufficient Illumination to be provided?	No
	Is security notified of night work?	No
	Is medical aid resources available?	No
	Availability & Use of PPE's.	No
	Proper Housekeeping to be done on daily basis.	No
	Any other requirement (If Yes, please specify): Emergency exit are available, Emergency vehicle and First-aid provider shall be assured during the work Main Isolation Switch location is known to All.	No
	Use of Full body harness with double lanyard & life line or anchor point.(while doing hot work at height)	No

### Approval and authorization

Requestor/holder	Approver	Reviewer
<b>Name:</b> Raj Kumar Pativada <b>Phone:</b> +919160948627 <b>Requested On:</b> 23-Oct-2024 05:01:45 PM	<b>Name:</b> Approver Abhilash K (real number) <b>Phone:</b> +919014260328 <b>Approved On:</b> 23-Oct-2024 05:56:02 PM	<b>Name:</b> Approver Abhilash K (real number) <b>Phone:</b> +919014260328 <b>Reviewed On:</b> 23-Oct-2024 05:56:02 PM