

Doc No: MHCPL-EHS-PTW-08

Permit To Work Report - Work At Height (Permit UID - APA/LAL/LIKEGH/WH/0001)

|   |  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
|---|--|---|---|--|--|---|---|--|---|--|--|--|---|---------------------|--|
| Type of permit  | Work At Height   |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Name of project/ site   | Lalit's Test Site 001  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Contractor company  | Abc Constructions  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Name of client/ contractor  | Raj Kumar Pativada   |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Work location   |  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Scope of work   |  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Work permit start date  | 11/16/2024 12:00:00 AM   |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Work permit start time  | 11/16/2024 4:38:00 AM  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Work permit close date  | 11/16/2024 12:00:00 AM   |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Work permit close time  | 11/15/2024 11:30:00 PM   |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| No. of workers  | 10   |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Tools/ equipments to be used  | TROWEL, SAFETY BELT, GRINDER 5INCH, GAMELA   |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Description of work   | Testing Purpose  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Reference permit no.  |  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Location  | NA   |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Hazards   | <table border="1"> <tr> <td>Fatigue <input checked="" type="checkbox"/></td><td>Falling Objects <input checked="" type="checkbox"/></td><td>Fall of Person <input checked="" type="checkbox"/></td><td>Unsafe Working Platform <input checked="" type="checkbox"/></td></tr> <tr> <td>Improper Handling of Materials <input checked="" type="checkbox"/></td><td>Scaffold Collapse <input checked="" type="checkbox"/></td><td>Slip, Trip &amp; Fall <input checked="" type="checkbox"/></td><td>Poor Housekeeping <input checked="" type="checkbox"/></td></tr> <tr> <td colspan="4">Other Hazards :</td></tr> </table>   |   |   | Fatigue <input checked="" type="checkbox"/>      | Falling Objects <input checked="" type="checkbox"/>  | Fall of Person <input checked="" type="checkbox"/>        | Unsafe Working Platform <input checked="" type="checkbox"/> | Improper Handling of Materials <input checked="" type="checkbox"/> | Scaffold Collapse <input checked="" type="checkbox"/> | Slip, Trip & Fall <input checked="" type="checkbox"/>    | Poor Housekeeping <input checked="" type="checkbox"/>  | Other Hazards :  |   |                     |  |
| Fatigue <input checked="" type="checkbox"/>                             | Falling Objects <input checked="" type="checkbox"/>  | Fall of Person <input checked="" type="checkbox"/>        | Unsafe Working Platform <input checked="" type="checkbox"/> |  |  |   |   |  |   |  |  |  |   |                     |  |
| Improper Handling of Materials <input checked="" type="checkbox"/>      | Scaffold Collapse <input checked="" type="checkbox"/>  | Slip, Trip & Fall <input checked="" type="checkbox"/>     | Poor Housekeeping <input checked="" type="checkbox"/>       |  |  |   |   |  |   |  |  |  |   |                     |  |
| Other Hazards :   |  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Precautions taken   | <table border="1"> <tr> <td>LOTO Applied <input checked="" type="checkbox"/></td><td>Area Barricading <input checked="" type="checkbox"/></td><td>Safe Working Platform <input checked="" type="checkbox"/></td></tr> <tr> <td>Adequate Illumination <input checked="" type="checkbox"/></td><td>HIRA Undertaken <input checked="" type="checkbox"/></td><td>Good Housekeeping <input checked="" type="checkbox"/></td></tr> <tr> <td>Provided Safety Nets <input checked="" type="checkbox"/></td><td>Proper Supervision <input checked="" type="checkbox"/></td><td>Safe Access / Egress <input checked="" type="checkbox"/></td></tr> <tr> <td>Awareness on expected emergencies ? <input checked="" type="checkbox"/></td><td colspan="2">Other Precautions :</td></tr> </table> |   |   | LOTO Applied <input checked="" type="checkbox"/> | Area Barricading <input checked="" type="checkbox"/> | Safe Working Platform <input checked="" type="checkbox"/> | Adequate Illumination <input checked="" type="checkbox"/>   | HIRA Undertaken <input checked="" type="checkbox"/>                | Good Housekeeping <input checked="" type="checkbox"/> | Provided Safety Nets <input checked="" type="checkbox"/> | Proper Supervision <input checked="" type="checkbox"/> | Safe Access / Egress <input checked="" type="checkbox"/> | Awareness on expected emergencies ? <input checked="" type="checkbox"/> | Other Precautions : |  |
| LOTO Applied <input checked="" type="checkbox"/>                        | Area Barricading <input checked="" type="checkbox"/>   | Safe Working Platform <input checked="" type="checkbox"/> |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Adequate Illumination <input checked="" type="checkbox"/>               | HIRA Undertaken <input checked="" type="checkbox"/>  | Good Housekeeping <input checked="" type="checkbox"/>     |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Provided Safety Nets <input checked="" type="checkbox"/>                | Proper Supervision <input checked="" type="checkbox"/>   | Safe Access / Egress <input checked="" type="checkbox"/>  |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Awareness on expected emergencies ? <input checked="" type="checkbox"/> | Other Precautions :  |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |
| Toolbox talks   | {ToolboxTalks}   |   |   |  |  |   |   |  |   |  |  |  |   |                     |  |

|                       |  |   |   |
|-----------------------|--|---|---|
| PPEs                  | Safety Shoes <input checked="" type="checkbox"/>                   | Full Body Harness <input checked="" type="checkbox"/> | Cover All <input checked="" type="checkbox"/> |
|                       | Cotton Hand Gloves <input checked="" type="checkbox"/>             | Fall Arrestor <input checked="" type="checkbox"/>     | Goggles <input checked="" type="checkbox"/>   |
|                       | Face Shield <input checked="" type="checkbox"/>                    | Other PPE's :   |   |
|                       |  |   |   |
| Safety considerations | Ensure to follow all the safety guidelines for height work.        |   | Yes   |
|                       | Ensure to protect below the 'work at height' area.                 |   | NA  |
|                       | Make sure to use Appropriate PPE.                                  |   | NA  |
|                       | Make sure to provide Training to work force.                       |   | NA  |
|                       | Fall arrest system to be provided for the suspended work platform. |   | Yes   |
|                       | Make sure to provide signboards.                                   |   | Yes   |
|                       | Make sure to do Housekeeping & Provide TBT to entire Workforce.    |   | NA  |
|                       | Make sure to use proper handling of tools.                         |   | NA  |
|                       | Don't keep loose materials on the working platform.                |   | Yes   |

Approval and authorization

| Requestor/holder   | Issuer   | Approver  | Reviewer  |
|--|--|---|---|
| <b>Name:</b> Raj Kumar Pativada<br><b>Phone:</b> +919160948627<br><b>Requested On:</b> 16-Nov-2024 12:09:58 AM | <b>Name:</b> Lalit Aditya - LIKEGH<br><b>Phone:</b> +919959993362<br><b>Issued On:</b> 16-Nov-2024 12:13:34 AM | <b>Name:</b> Kona Sai Prashanth<br><b>Phone:</b> +917993748762<br><b>Approved On:</b> 16-Nov-2024 12:14:28 AM | <b>Name:</b> Prashanth 8888<br><b>Phone:</b> +919573313524<br><b>Reviewed On:</b> 16-Nov-2024 12:15:29 AM |

Extension UID: 6G2ZR1

| Extension Conditions  |   |   |   |
|---|---|---|---|
| Requested   | Issued  | Approved  | Reviewed  |
| <b>Name:</b> Raj Kumar Pativada<br><b>Mobile:</b> +919160948627<br><b>Requested On:</b> 16-Nov-2024 12:16:49 AM<br><b>Duration:</b> 5 hour(s) | <b>Name:</b><br><b>Mobile:</b><br><b>Issued On:</b> NA<br><b>Duration:</b> NA hour(s) | <b>Name:</b><br><b>Mobile:</b><br><b>Approved On:</b> NA<br><b>Duration:</b> NA hour(s) | <b>Name:</b><br><b>Mobile:</b><br><b>Reviewed On:</b> NA<br><b>Duration:</b> NA hour(s) |