

Permit To Work Report - Hot Work (Permit UID - APA/OSM/MYTPLD/HW/0001)

Type of permit	Hot Work														
Name of project/ site	Osmosys India														
Contractor company	MyHome Testing Private Limited														
Name of client/ contractor	Raj Kumar Pativada														
Work location	Begumpet														
Scope of work	20														
Work permit start date	10/19/2024 12:00:00 AM														
Work permit start time	10/19/2024 7:47:00 PM														
Work permit close date	10/26/2024 12:00:00 AM														
Work permit close time	10/19/2024 11:30:00 PM														
No. of workers	29														
Tools/ equipments to be used															
Description of work															
Reference permit no.															
Hazards	<table><tr><td>Electrical Shock <input type="checkbox"/></td><td>Carbon Fumes <input type="checkbox"/></td><td>Arc Flash <input type="checkbox"/></td><td>Burns <input type="checkbox"/></td></tr><tr><td>Fire /Explosion <input type="checkbox"/></td><td>Person Fall <input type="checkbox"/></td><td>Equipment Fall <input type="checkbox"/></td><td>Other Hazards :</td></tr></table>			Electrical Shock <input type="checkbox"/>	Carbon Fumes <input type="checkbox"/>	Arc Flash <input type="checkbox"/>	Burns <input type="checkbox"/>	Fire /Explosion <input type="checkbox"/>	Person Fall <input type="checkbox"/>	Equipment Fall <input type="checkbox"/>	Other Hazards :				
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Attachments		<a href="#">Image - 1</a>													
Precautions taken	<table><tr><td>Isolation <input type="checkbox"/></td><td>LOTO Applied <input type="checkbox"/></td><td>Isolation Switch Available <input type="checkbox"/></td></tr><tr><td>Cordoned Area <input type="checkbox"/></td><td>HIRA Undertaken <input type="checkbox"/></td><td>Signage's Provided <input type="checkbox"/></td></tr><tr><td>SOP <input type="checkbox"/></td><td>Grounding Provided <input type="checkbox"/></td><td>ELCB / RCCB Provided <input type="checkbox"/></td></tr><tr><td>Awareness on expected emergencies ? <input type="checkbox"/></td><td>Other Precautions: :</td><td></td></tr></table>			Isolation <input type="checkbox"/>	LOTO Applied <input type="checkbox"/>	Isolation Switch Available <input type="checkbox"/>	Cordoned Area <input type="checkbox"/>	HIRA Undertaken <input type="checkbox"/>	Signage's Provided <input type="checkbox"/>	SOP <input type="checkbox"/>	Grounding Provided <input type="checkbox"/>	ELCB / RCCB Provided <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	Other Precautions: :	
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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"/>	Welding Face Shield <input type="checkbox"/>	Leather Hand Gloves <input type="checkbox"/>
	Leather Apron <input type="checkbox"/>	UV Protection Shield <input type="checkbox"/>	Other PPE's :
Safety considerations	Has the area at the work location been cleared of all the combustible materials & any other lubricants etc?		No
	Has a flashback arrestor at both sides (cylinder & torch) been provided to the gas-cutting set?		No
	Have Suitable Fire Extinguishers/sand buckets been kept handy at the work site?		No
	Have Welding Screen (Yellow) / wet gunny bag/fire blanket been used to protect against sparks?		No
	Vertical clearance. (at least 2 meters above the platform) (Supervision should be provided if sufficient clearance is not available)		No
	Is barricading being provided below while doing work at height?		No
	Is the gas-cutting cylinder checked for any leakages?		No
	Are the gas cylinders secured in a trolley using chains?		No
	Do all workers involved in hot work have proper training on safety procedures and equipment use?		No
	Do welding machines have ELCB/RCCB and proper earthing?		No
	Availability and use of PPEs. (Mandatory PPE + Leather Apron, Welding Face Shield, Leather Hand Gloves)		No
	Use of Full body harness with double lanyard & lifeline or anchor point.(while doing hot work at height)		No
Any other requirement (If Yes, please specify): Emergency exits are available, and Emergency vehicle and First-aid providers shall be assured during the work The Main Isolation Switch location is known to All Shock Treatment chart is available and is understood through TBT.		No	

#### Approval and authorization

Requestor/holder	Issuer	Approver	Reviewer
<b>Name:</b> Raj Kumar Pativada <b>Phone:</b> +919160948627 <b>Requested On:</b> 19-Oct-2024 02:17:38 PM	<b>Name:</b> Issuer Sanyam Chaurasia <b>Phone:</b> +919137052286 <b>Issued On:</b> 19-Oct-2024 02:18:14 PM	<b>Name:</b> NA <b>Phone:</b> NA <b>Approved On:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Reviewed On:</b> NA