

Doc No: MHCPL-EHS-PTW-13

Permit To Work Report - Blasting Work (Permit UID - APA/PAR/LIKEGH/BL/0001)

Type of permit	Blasting Work																
Name of project/ site	PTW-A-R																
Contractor company	Abc Constructions																
Name of client/ contractor	Vaibhav Requestor																
Work location	Tower -09																
Scope of work																	
Work permit start date	11/12/2024 12:00:00 AM																
Work permit start time	11/12/2024 6:35:00 PM																
Work permit close date	11/12/2024 12:00:00 AM																
Work permit close time	11/12/2024 6:45:00 PM																
No. of workers	0																
Tools/ equipments to be used																	
Description of work																	
Reference permit no.																	
Location	NA																
Hazards	<table border="1"> <tr> <td>Fly Rock <input checked="" type="checkbox"/></td><td>Dust <input type="checkbox"/></td><td>Fumes <input type="checkbox"/></td><td>Toxic Gases <input checked="" type="checkbox"/></td></tr> <tr> <td>Miss-Fires <input type="checkbox"/></td><td>Explosion <input type="checkbox"/></td><td>Fire <input type="checkbox"/></td><td>Vibration <input type="checkbox"/></td></tr> <tr> <td>Noise <input type="checkbox"/></td><td>Other Hazards :</td><td colspan="2"></td></tr> <tr> <td colspan="2">Attachments</td><td><a href="#">Image - 1</a></td><td><a href="#">Image - 2</a></td></tr> </table>	Fly Rock <input checked="" type="checkbox"/>	Dust <input type="checkbox"/>	Fumes <input type="checkbox"/>	Toxic Gases <input checked="" type="checkbox"/>	Miss-Fires <input type="checkbox"/>	Explosion <input type="checkbox"/>	Fire <input type="checkbox"/>	Vibration <input type="checkbox"/>	Noise <input type="checkbox"/>	Other Hazards :			Attachments		<a href="#">Image - 1</a>	<a href="#">Image - 2</a>
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Precautions taken	Licensed Blaster <input checked="" type="checkbox"/>	Blasting NOC <input type="checkbox"/>	Blasting Siren <input type="checkbox"/>
	HIRA Undertaken <input checked="" type="checkbox"/>	Signage's Provided <input type="checkbox"/>	Blasting SOP <input type="checkbox"/>
	Controlled Blasting <input type="checkbox"/>	Separate Containers for Explosive & ED's <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>
	Other Precautions :		
	Attachments		<a href="#">Image - 1</a>
Toolbox talks	{ToolboxTalks}		
PPEs	Safety Shoes <input checked="" type="checkbox"/>	Ear Plugs / Muffs <input type="checkbox"/>	Reflective Vest <input type="checkbox"/>
	Hand Gloves <input checked="" type="checkbox"/>	Nose Mask <input type="checkbox"/>	Goggles <input type="checkbox"/>
	Other PPEs :		
	Attachments		<a href="#">Image - 1</a>
Safety considerations	The blaster must possess a valid license.		No
	Explosive to be transported in road, in an Explosive van.		No
	Explosive should not be carried in the same vehicle with detonators.		No
	Vehicle should be equipped with a non-sparking metal or wooden floor.		No
	Do not use damaged/deteriorated explosives and accessories.		No
	No holes should be loaded except those that are to be fired in the next round of blasting. Holes loaded during one shift should be fired on the same shift.		No
	Post guards with red flags at a safe distance around the site to prevent persons approaching the danger area inadvertently while the shots are being fired.		No
	Ensure to handle miss-fires by authorised blaster.		No
	Carryout blasting is in day light hours only.		No
	All Blasting's should be controlled/muffed blasting's.		No
	Attachments		<a href="#">Image - 1</a>

### Approval and authorization

Requestor/holder	Approver	Reviewer
<b>Name:</b> Vaibhav Requestor <b>Phone:</b> +918860593356 <b>Requested On:</b> 12-Nov-2024 01:07:10 PM	<b>Name:</b> Mohit approver <b>Phone:</b> +918958790522 <b>Approved On:</b> 12-Nov-2024 01:08:40 PM	<b>Name:</b> Abhinav Reviewer <b>Phone:</b> +917273883504 <b>Reviewed On:</b> 12-Nov-2024 01:09:55 PM