

Permit To Work Report - General Work (Permit UID - APA/PTW/PTWNOT/GW/0025)

Type of permit	General Work															
Name of project/ site	PTW Notification															
Contractor company	PTW Notification Test															
Name of client/ contractor	Gautham Lucky															
Work location	t10f20															
Scope of work	scope															
Work permit start date	10/19/2024 12:00:00 AM															
Work permit start time	10/19/2024 10:14:00 AM															
Work permit close date	10/31/2024 12:00:00 AM															
Work permit close time	10/19/2024 10:00:00 PM															
No. of workers	NA															
Tools/ equipments to be used	tools															
Description of work	description															
Reference permit no.	NA															
Hazards	<table><tr><td>Slip, Trip & Fall <input checked="" type="checkbox"/></td><td>Dust <input checked="" type="checkbox"/></td><td>Flying Objects <input checked="" type="checkbox"/></td><td>Sharp Objects <input checked="" type="checkbox"/></td></tr><tr><td>Chemical Spillage <input checked="" type="checkbox"/></td><td colspan="3">Other Hazards :</td></tr></table>				Slip, Trip & Fall <input checked="" type="checkbox"/>	Dust <input checked="" type="checkbox"/>	Flying Objects <input checked="" type="checkbox"/>	Sharp Objects <input checked="" type="checkbox"/>	Chemical Spillage <input checked="" type="checkbox"/>	Other Hazards :						
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Chemical Spillage <input checked="" type="checkbox"/>	Other Hazards :															
Precautions taken	<table><tr><td>LOTO Applied <input checked="" type="checkbox"/></td><td>Good Access / Egress <input checked="" type="checkbox"/></td><td>Good Housekeeping <input checked="" type="checkbox"/></td></tr><tr><td>Adequate illumination <input checked="" type="checkbox"/></td><td>HIRA Undertaken <input checked="" type="checkbox"/></td><td>Standard Tools <input checked="" type="checkbox"/></td></tr><tr><td>Awareness on expected emergencies ? <input checked="" type="checkbox"/></td><td colspan="2">Other Precautions : na</td></tr><tr><td colspan="2">Attachments</td><td>Image - 1</td></tr></table>				LOTO Applied <input checked="" type="checkbox"/>	Good Access / Egress <input checked="" type="checkbox"/>	Good Housekeeping <input checked="" type="checkbox"/>	Adequate illumination <input checked="" type="checkbox"/>	HIRA Undertaken <input checked="" type="checkbox"/>	Standard Tools <input checked="" type="checkbox"/>	Awareness on expected emergencies ? <input checked="" type="checkbox"/>	Other Precautions : na		Attachments		Image - 1
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Awareness on expected emergencies ? <input checked="" type="checkbox"/>	Other Precautions : na															
Attachments		Image - 1														
Toolbox talks	{ToolboxTalks}															

PPEs	Safety Helmet <input checked="" type="checkbox"/>	Safety Shoes <input checked="" type="checkbox"/>	Cover All <input checked="" type="checkbox"/>
	Cotton Hand Gloves <input checked="" type="checkbox"/>	Rubber Hand Gloves <input checked="" type="checkbox"/>	Gum Boots <input checked="" type="checkbox"/>
	Goggles <input checked="" type="checkbox"/>	Face Shield <input checked="" type="checkbox"/>	Other PPEs :
Safety considerations	Make sure proper PPE to be provided.		No
	Ensure Safe access & Egress (Ladders) Provided.		No
	Make sure work force to use right tools for the right job.		Yes
	Ensure all the floor openings to be closed.		Yes
	If scaffold used, condition of scaffolding & provision of tags to be ensured. : na		
	Extended work platform provided, if applicable.		Yes
	Provide sufficient railings.		Yes
	Visual inspection of tools & "Fit for Use" tagging, as applicable. : na		
	Fencing of down area / Ground area done.		NA
	Ensure site supervisor to monitor Housekeeping & Proper housekeeping to be done.		NA
	Is correct size tools used for the job?		NA
	Emergency vehicle and First-aid provider shall be assured during the work. Shock Treatment chart is available and is understood through TBT?		NA

Approval and authorization

Requestor/holder	Approver	Reviewer
Name: Gautham Lucky Phone: +918919110596 Requested On: 19-Oct-2024 10:14:46 AM	Name: Kona Sai Prashanth Phone: +917993748762 Approved On: 19-Oct-2024 10:17:11 AM	Name: Shivani -Sharma Phone: +918109708805 Reviewed On: 19-Oct-2024 10:18:55 AM

Extension UID: BILBHJ

Extension Conditions			
Requested	Issued	Approved	Reviewed
Name: Lalit Aditya Mobile: +919959993362 Requested On: 19-Oct-2024 10:20:16 AM Duration: 2 hour(s)	Name: Mobile: Issued On: NA Duration: NA hour(s)	Name: Kona Sai Prashanth Mobile: +917993748762 Approved On: 19-Oct-2024 10:22:53 AM Duration: 2 hour(s)	Name: Shivani -Sharma Mobile: +918109708805 Reviewed On: 19-Oct-2024 10:23:55 AM Duration: 2 hour(s)