

Doc No: MHCPL-EHS-PTW-15

Permit To Work Report - Concrete Work (Permit UID - APA/RAI/LIKEGH/CW/0001)

Type of permit	Concrete Work														
Name of project/ site	PTW-I-A-R														
Contractor company	Abc Constructions														
Name of client/ contractor	Vaibhav Requestor														
Work location															
Scope of work															
Work permit start date	11/8/2024 12:00:00 AM														
Work permit start time	11/8/2024 8:10:00 PM														
Work permit close date	11/12/2024 12:00:00 AM														
Work permit close time	11/8/2024 8:30:00 PM														
No. of workers	0														
Tools/ equipments to be used															
Description of work															
Reference permit no.															
Location	NA														
Hazards	<table border="1"> <tr> <td>Contact with Eyes <input type="checkbox"/></td> <td>Skin Contact <input checked="" type="checkbox"/></td> <td>Inhalation <input type="checkbox"/></td> <td>Electrical Shock <input checked="" type="checkbox"/></td> </tr> <tr> <td>Hit by Vehicle <input type="checkbox"/></td> <td>Scaffold Collapse <input type="checkbox"/></td> <td>Slip, Trip & Fall <input type="checkbox"/></td> <td>Hit by Boom <input type="checkbox"/></td> </tr> <tr> <td colspan="4">Other Hazards :</td> </tr> </table>			Contact with Eyes <input type="checkbox"/>	Skin Contact <input checked="" type="checkbox"/>	Inhalation <input type="checkbox"/>	Electrical Shock <input checked="" type="checkbox"/>	Hit by Vehicle <input type="checkbox"/>	Scaffold Collapse <input type="checkbox"/>	Slip, Trip & Fall <input type="checkbox"/>	Hit by Boom <input type="checkbox"/>	Other Hazards :			
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Precautions taken	<table border="1"> <tr> <td>Good Access / Egress <input checked="" type="checkbox"/></td> <td>Scaffolding working / Platform <input checked="" type="checkbox"/></td> <td>Adequate illumination <input type="checkbox"/></td> </tr> <tr> <td>HIRA Undertaken <input type="checkbox"/></td> <td>Good Housekeeping <input type="checkbox"/></td> <td>Ladder Provided <input type="checkbox"/></td> </tr> <tr> <td>Mobile Scaffolding <input type="checkbox"/></td> <td>Awareness on expected emergencies ? <input type="checkbox"/></td> <td>Other Precautions: :</td> </tr> </table>			Good Access / Egress <input checked="" type="checkbox"/>	Scaffolding working / Platform <input checked="" type="checkbox"/>	Adequate illumination <input type="checkbox"/>	HIRA Undertaken <input type="checkbox"/>	Good Housekeeping <input type="checkbox"/>	Ladder Provided <input type="checkbox"/>	Mobile Scaffolding <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	Other Precautions: :			
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Toolbox talks	{ToolboxTalks}														

PPEs	Safety Helmet <input checked="" type="checkbox"/>	Safety Shoes <input type="checkbox"/>	Full Body Harness <input type="checkbox"/>	
	Cover All <input checked="" type="checkbox"/>	Rubber Hand Gloves <input type="checkbox"/>	Gum Boots <input type="checkbox"/>	
	Goggles <input type="checkbox"/>	Face Shield <input type="checkbox"/>	Other PPEs :	
Safety considerations	Required fall protection systems in place.			No
	Workers using required fall protection systems.			No
	Hoisting and rigging operations performed in a safe manner.			No
	Guardrails in place and secure.			No
	Rebar ends capped to prevent impaling.			No
	Wearing safety glasses or goggles when pouring concrete?			No
	Concrete washout water, collection, containment, disposal.			No
	All workers have received basic Hazard Communication training?			No
	MSDSs are available on the site for cement and related products used?			No
	ELCB/RCCB provided for Needle Vibrators?			No
	Proper Edge protection provided in concrete area?			No
	All vibrators/lights electrical cables laid above 7' (feet) height?			No
	Proper Access/egress provided in concrete pour area?			No
	Is Proper Bracing provide for slab supporting props/Posts?			No
	Is Eye Wash area provided near to concrete poring area?			No
Verification of Pumping equipment's are inspected prior to start?			No	

Approval and authorization

Requestor/holder	Issuer	Approver	Reviewer
Name: Vaibhav Requestor Phone: +918860593356 Requested On: 08-Nov-2024 02:41:38 PM	Name: NA Phone: NA Issued On: NA	Name: NA Phone: NA Approved On: NA	Name: NA Phone: NA Reviewed On: NA