



Doc No: MHCPL-EHS-PTW-08

**Permit To Work Report - Work At Height (Permit UID - APA/SPO/ABCCON/WH/0002)**

**Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Work At Height	Sports ground	Abc Constructions	Lalit Requestor

**Work Information**

Start date / Close Date	2/26/2025 12:00:00 AM / 2/26/2025 12:00:00 AM	Work location	
Start time / End time	2/26/2025 1:27:00 PM / 2/26/2025 11:00:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

**Sections**

**Hazards**

Fatigue <input checked="" type="checkbox"/>	Falling Objects <input type="checkbox"/>	Fall of Person <input type="checkbox"/>	Unsafe Working Platform <input type="checkbox"/>
Improper Handling of Materials <input type="checkbox"/>	Scaffold Collapse <input checked="" type="checkbox"/>	Slip, Trip & Fall <input type="checkbox"/>	Poor Housekeeping <input type="checkbox"/>
Other Hazards:			

**Precautions Taken**

LOTO Applied <input type="checkbox"/>	Area Barricading <input checked="" type="checkbox"/>	Safe Working Platform <input type="checkbox"/>	Adequate Illumination <input type="checkbox"/>
HIRA Undertaken <input type="checkbox"/>	Good Housekeeping <input checked="" type="checkbox"/>	Provided Safety Nets <input type="checkbox"/>	Proper Supervision <input type="checkbox"/>
Safe Access / Egress <input checked="" type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	Other Precautions:	

**Toolbox Talks**

Topics discussed:	Attach photo: 0
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**Job Specific PPEs**

Safety Shoes <input checked="" type="checkbox"/>	Full Body Harness <input checked="" type="checkbox"/>	Cover All <input type="checkbox"/>	Cotton Hand Gloves <input type="checkbox"/>
Fall Arrestor <input type="checkbox"/>	Goggles <input checked="" type="checkbox"/>	Face Shield <input type="checkbox"/>	Other PPE's:

**Safety Considerations**

Ensure to follow all the safety guidelines for height work.: <b>No</b>	Ensure to protect below the 'work at height' area.: <b>No</b>	Make sure to use Appropriate PPE.: <b>No</b>	Make sure to provide Training to work force.: <b>Yes</b>
Fall arrest system to be provided for the suspended work platform.: <b>Yes</b>	Make sure to provide signboards.: <b>Yes</b>	Make sure to do Housekeeping & Provide TBT to entire Workforce.: <b>Yes</b>	Make sure to use proper handling of tools.: <b>Yes</b>
Don't keep loose materials on the working platform.: <b>Yes</b>			

**Approval and authorization**

Requestor_Trial-1	Issuer_Trial-2	Approver_Trial-3	Reviewer_Trial-4
<b>Name:</b> Lalit Requestor <b>Phone:</b> +919999999990 <b>Requested On:</b> 26-Feb-2025 01:28:45 PM	<b>Name:</b> NA <b>Phone:</b> NA <b>Issued On:</b> NA	<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

**Permit To Work Closure**

Check 1 <input type="checkbox"/>	Check 2: NA	Check 4: <b>No</b>	Check 6 <input type="checkbox"/>
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Check 7: 0	
Check 3:	Check 5:

Permit To Work History

Created On	Created By	Comment	Attachments
26-Feb-2025 01:28:45 PM	Lalit Requestor	The status has changed to Requested -3. Assigned Issuer: Lalit Issuer	