

**Permit To Work Report - General Work (Permit UID - FBD/FCP/FODCR/GW/0002)****Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
General Work	Food Creations Private Limited	Food Creations	Lalit -Requestor

**Work Information**

Start date / Close Date	3/3/2025 12:00:00 AM / 3/4/2025 12:00:00 AM	Work location	Hyderabad
Start time / End time	3/4/2025 5:04:00 PM / 3/4/2025 5:30:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

**Sections****Tools / Equipments to be Used**

Welding Machine Set <input checked="" type="checkbox"/>	Cutting Machine Set <input checked="" type="checkbox"/>	Brazing Set <input checked="" type="checkbox"/>	Cable Extension Board <input checked="" type="checkbox"/>
Compressed Gas <input checked="" type="checkbox"/>	Flammable Gas <input checked="" type="checkbox"/>	Grinding Machine Set <input checked="" type="checkbox"/>	Others (Please specify):
Signature: NA			

**Hazards Identified (Mandatory)**

Dust/Fumes <input checked="" type="checkbox"/>	Sharp Edges <input checked="" type="checkbox"/>	Falling Objects <input checked="" type="checkbox"/>	Nip Point <input checked="" type="checkbox"/>
Pinch point <input checked="" type="checkbox"/>	Flammable Liquids <input checked="" type="checkbox"/>	Chemicals (Corrosive/ Reactive) <input checked="" type="checkbox"/>	Moving machine/part <input checked="" type="checkbox"/>
Hot objects <input checked="" type="checkbox"/>	Traffic <input checked="" type="checkbox"/>	Uneven Floor <input checked="" type="checkbox"/>	Compressed air <input checked="" type="checkbox"/>
Auto Start Equipment <input checked="" type="checkbox"/>	Slip, Trip & Fall <input checked="" type="checkbox"/>	Steam <input checked="" type="checkbox"/>	Flammable Gas <input checked="" type="checkbox"/>
High/Low Temperature <input checked="" type="checkbox"/>	High/Low Pressure <input checked="" type="checkbox"/>	Excessive Noise <input checked="" type="checkbox"/>	Spillage (Chemical/Water) <input checked="" type="checkbox"/>
Lack of Oxygen <input checked="" type="checkbox"/>	Live Electricity <input checked="" type="checkbox"/>	Overhead Cables <input checked="" type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Others:			

**Isolation**

Type of Isolation:	Fuse removed <input checked="" type="checkbox"/>	Isolator put off & locked <input checked="" type="checkbox"/>	Tested Non-operative <input checked="" type="checkbox"/>
Tagout to be Done <input checked="" type="checkbox"/>	Depressurized <input checked="" type="checkbox"/>	Blind to be Provide in Pipes <input checked="" type="checkbox"/>	Lock and Tag out of Key valves <input checked="" type="checkbox"/>
Valve closed & Tagged <input checked="" type="checkbox"/>	Line Blanked <input checked="" type="checkbox"/>	Line Disconnected <input checked="" type="checkbox"/>	Material drained <input checked="" type="checkbox"/>
Flushed and Blind Provided <input checked="" type="checkbox"/>	Certified by: Sameer	Date/time: 03-03-2025 17:05	Signature: NA

**PPE to be Used (Mandatory)**

Safety Shoes <input checked="" type="checkbox"/>	Goggles <input checked="" type="checkbox"/>	Ear Plugs/ Ear muffs <input checked="" type="checkbox"/>	Mask/Respirator <input checked="" type="checkbox"/>
Safety Helmet <input checked="" type="checkbox"/>	Gloves(Cut Resistant, Cryogenic, Cotton etc) <input checked="" type="checkbox"/>	High visibility jacket <input checked="" type="checkbox"/>	Face shield <input checked="" type="checkbox"/>
Apron/ Leather jacket/ PVC suit <input checked="" type="checkbox"/>	Others:		

**Precautions Checklist**

Supervisor Name: Prashanth	Others:
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**Food Safety Measures Required (Quality-Incharge)**

Area work covered to prevent cross /foreign matter contamination <input checked="" type="checkbox"/>	Process Equipments / Containers covered <input checked="" type="checkbox"/>	All finished Goods /Raw materials/Equipments to be removed <input checked="" type="checkbox"/>	Hot work (welding/drilling/cutting) not allowed during line running <input checked="" type="checkbox"/>
Post completion all materials /equipments /PPE's to be removed to prevent foreign matter contamination <input checked="" type="checkbox"/>	Opening holes closed after any work <input checked="" type="checkbox"/>	Signature: NA	

Approval and authorization

Requester	Issuer	Approver	Reviewer
<b>Name:</b> Lalit -Requestor <b>Phone:</b> +919959993362 <b>Time:</b> 03-Mar-2025 05:06:43 PM	<b>Name:</b> NA <b>Phone:</b> NA <b>Time:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Time:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Time:</b> NA

Permit To Work Closure

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

Permit To Work History

Created On	Created By	Comment	Attachments
03-Mar-2025 05:31:04 PM	System User	The status has changed to Temporarily_Suspended automatically.	
03-Mar-2025 05:06:43 PM	Lalit -Requestor	The status has changed to Requested. Assigned Issuer: Prashanth Issuer	