

Permit To Work Report - General Work (Permit UID - FBD/FCP/FODCR/GW/0006)**Permit Information**

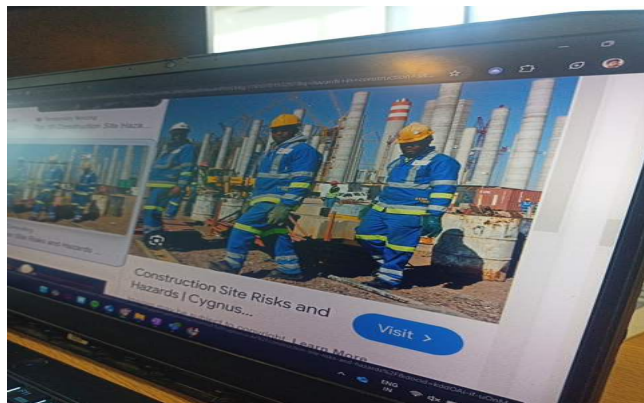
Type of permit	Name of project/site	Contractor company	Name of client/contractor
General Work	Food Creations Private Limited	Food Creations	Lalit -Requestor

Work Information

Start date / Close Date	3/4/2025 12:00:00 AM / 3/5/2025 12:00:00 AM	Work location	Malkajgiri
Start time / End time	3/4/2025 2:41:00 PM / 3/4/2025 4:00:00 PM	Reference permit no.	
No. of workers	20	Tools/ equipment to be used	Hyderabad
Scope of work			
Description of work			

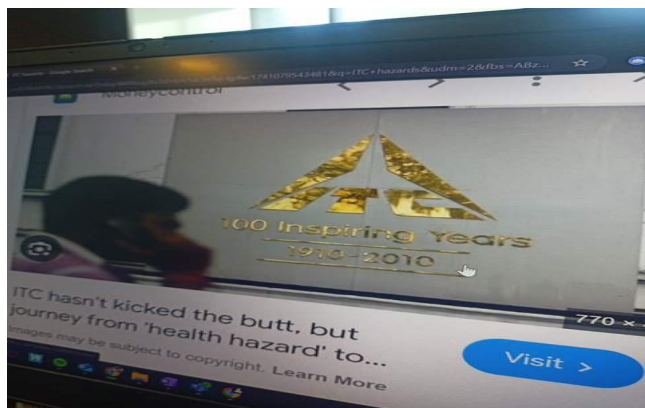
Sections**Tools / Equipments to be Used**

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"/>	Signature: Signed by Prashanth Reviewer at 04-Mar-2025 02:58:25 PM.

Attachments**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"/>

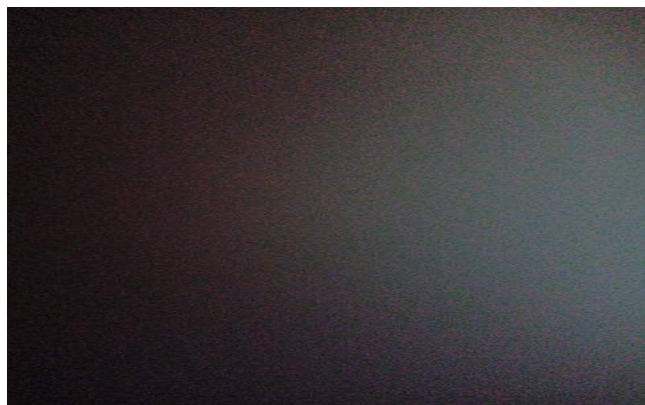
Attachments



Isolation

Type of Isolation: [{ "OptionId": 121, "OptionText": "Electrical / Motor Isolation" }, { "OptionId": 122, "OptionText": "Process Isolation" }, { "OptionId": 123, "OptionText": "Service 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"/>	Signature: Signed by Vaibhav Varun Reviewer at 04-Mar-2025 02:55:59 PM.		

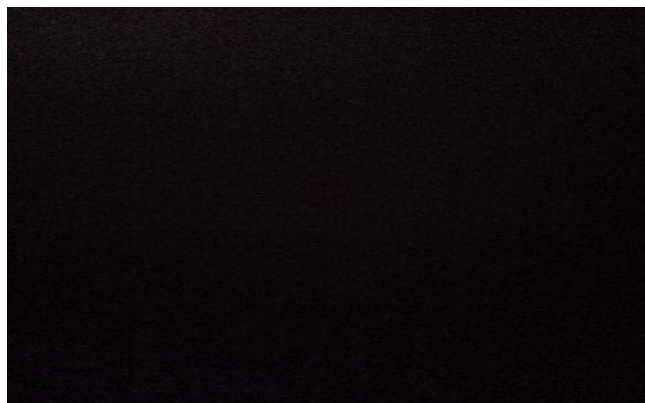
Attachments



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"/>			

Attachments



Precautions Checklist

Job Site Checked: Yes	Area Barricaded: Yes	Caution Boards Displayed: Yes	Lockout and Tagout : Yes
Double Insulated Portable tools to be used: Yes	Electrical Wire/ Cable checked (No Joints/No Damaged Cables): Yes	Secondary Container and Spill Kits provided : Yes	Double earthing: Yes
Certified Lifting Equipment: Yes	Ventilation Provided : Yes	Rubber Mat Provided : Yes	Proper Illumination Provided: Yes
Supervision provided: Yes	Supervisor Name: Lalit	Others:	

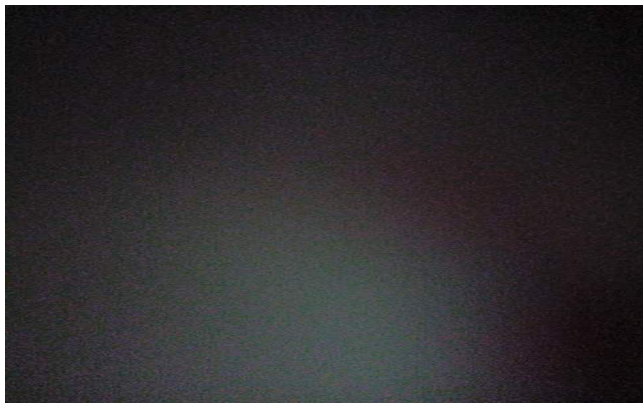
Attachments



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: Signed by Prashanth Issuer at 04-Mar-2025 02:54:02 PM.	

Attachments



Approval and authorization

Requester_OSM	Issuer_OSM	Approver_OSM	Reviewer_OSM
Name: Lalit -Requestor Phone: +919959993362 Time: 04-Mar-2025 02:48:36 PM	Name: Prashanth Issuer Phone: +917993748762 Time: 04-Mar-2025 02:54:25 PM	Name: Vaibhav Varun Reviewer Phone: +918967697371 Time: 04-Mar-2025 02:56:19 PM	Name: Prashanth Reviewer Phone: +919573313524 Time: 04-Mar-2025 03:01:08 PM

Extension UID: 5QYVHS

Extension Conditions	
Is sufficient Illumination to be provided	No
Is security notified of night work	No
Is medical aid resources available	No

Availability & Use of PPE?s	No
Proper Housekeeping to be done on daily basis	No
Any other requirement (If Yes, please specify): Emergency exit are available, Emergency vehicle and First-aid provider shall be assured during the work Main Isolation Switch location is known to All	No
Use of Full body harness with double lanyard & life line or anchor point (while doing hot work at height).	No

Requester_OSM	Issuer_OSM	Approver_OSM	Reviewer_OSM
Name: Lalit -Requestor Mobile: +919959993362 Time: 04-Mar-2025 03:02:14 PM Duration: 1 hour(s)	Name: Prashanth Issuer Mobile: +917993748762 Time: 04-Mar-2025 03:17:24 PM Duration: 1 hour(s)	Name: Vaibhav Varun Reviewer Mobile: +918967697371 Time: 04-Mar-2025 03:23:46 PM Duration: 1 hour(s)	Name: Prashanth Reviewer Mobile: +919573313524 Time: 04-Mar-2025 03:27:27 PM Duration: 1 hour(s)

Permit To Work Closure

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

Permit To Work History

Created On	Created By	Comment	Attachments
04-Mar-2025 03:39:36 PM	Vaibhav Varun Reviewer	The status has changed to Validation Approved -18.	
04-Mar-2025 03:37:11 PM	Prashanth Issuer	Section: Isolation Type of Isolation -	
04-Mar-2025 03:37:09 PM	Prashanth Issuer	The status has changed to Validation Issued -17. Assigned Approver_OSM: Vaibhav Varun Reviewer	
04-Mar-2025 03:35:36 PM	Lalit -Requestor	Status changed to Suspended -16. No changes were made. Assigned Issuer: Prashanth Issuer	
04-Mar-2025 03:27:27 PM	Prashanth Reviewer	The status has changed to Extension Reviewed -11.	
04-Mar-2025 03:23:46 PM	Vaibhav Varun Reviewer	The status has changed to Extension Approved -12. Assigned Reviewer_OSM: Prashanth Reviewer	
04-Mar-2025 03:17:24 PM	Prashanth Issuer	The status has changed to Extension Issued -10. Assigned Approver_OSM: Vaibhav Varun Reviewer	
04-Mar-2025 03:09:21 PM	Lalit -Requestor	The status has changed to Extension Requested -9. Assigned Issuer_OSM: Prashanth Issuer	
04-Mar-2025 03:06:43 PM	Prashanth Issuer	The status has changed to Extension Rejected -13. Rejection Reason: Testing	
04-Mar-2025 03:02:14 PM	Lalit -Requestor	The status has changed to Extension Requested -9. Assigned Issuer: Prashanth Issuer Duration: 1 hour(s).	
04-Mar-2025 03:01:08 PM	Prashanth Reviewer	The status has changed to Reviewed -4.	
04-Mar-2025 03:01:08 PM	Prashanth Reviewer	Section: Isolation Type of Isolation -	
04-Mar-2025 02:58:25 PM	Prashanth Reviewer	Section: Tools / Equipments to be Used Signed by Prashanth Reviewer at 04-Mar-2025 02:58:25 PM Section: Isolation Type of Isolation -	
04-Mar-2025 02:56:19 PM	Vaibhav Varun Reviewer	The status has changed to Approved -1. Assigned Reviewer_OSM: Prashanth Reviewer	
04-Mar-2025 02:56:19 PM	Vaibhav Varun Reviewer	Section: Isolation Type of Isolation -	
04-Mar-2025 02:56:00 PM	Vaibhav Varun Reviewer	Section: Isolation Type of Isolation - Signed by Vaibhav Varun Reviewer at 04-Mar-2025 02:55:59 PM	
04-Mar-2025 02:54:25 PM	Prashanth Issuer	The status has changed to Issued -2. Assigned Approver_OSM: Vaibhav Varun Reviewer	
04-Mar-2025 02:54:02 PM	Prashanth Issuer	Section: Isolation Type of Isolation - Section: Food Safety Measures Required (Quality-Incharge) Signed by Prashanth Issuer at 04-Mar-2025 02:54:02 PM	
04-Mar-2025 02:48:36 PM	Lalit -Requestor	The status has changed to Requested -3. Assigned Issuer: Prashanth Issuer	