

Permit To Work Report - Confined Space Entry (Permit UID - MHC/APA/BSR/CS/0001)**Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Confined Space Entry	Apas	BSR Infra Ventures Private Ltd	Lalit Requestor

Work Information

Start date / Close Date	3/4/2025 12:00:00 AM / 3/7/2025 12:00:00 AM	Work location	
Start time / End time	3/4/2025 8:47:00 PM / 3/4/2025 11:59:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections**Hazards**

Oxygen Deficiency <input type="checkbox"/>	Oxygen Enrichment <input type="checkbox"/>	Arcing / Flash <input type="checkbox"/>	Electrical Shock <input type="checkbox"/>
Fire <input type="checkbox"/>	Explosion <input type="checkbox"/>	Toxic Gases / Fumes <input type="checkbox"/>	Person Fall <input type="checkbox"/>
Equipment fall <input type="checkbox"/>	Other Hazards:		

Precautions Taken

ISOLATION <input type="checkbox"/>	LOTO Applied <input type="checkbox"/>	Ventilation Provided <input type="checkbox"/>	HIRA Undertaken <input type="checkbox"/>
Signage's Provided <input type="checkbox"/>	SOP <input type="checkbox"/>	Illumination Provided <input type="checkbox"/>	ELCB / RCCB Provided <input type="checkbox"/>
Entry Log Register <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	Other Precautions:	

Toolbox Talks

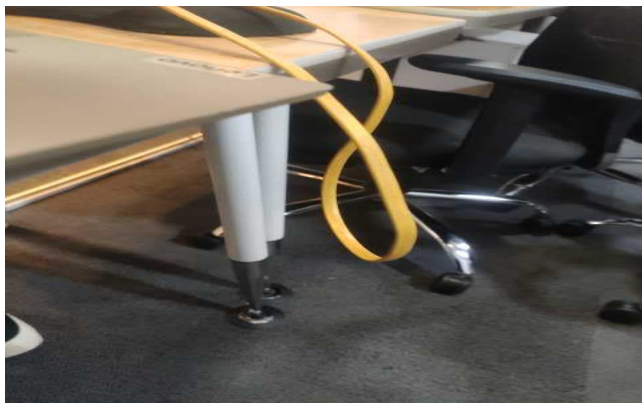
Topics discussed:	Attach photo: 0
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Job Specific PPEs

Safety Helmet <input type="checkbox"/>	Safety Shoes <input type="checkbox"/>	Full Body Harness <input type="checkbox"/>	Cover All <input type="checkbox"/>
Filtered Mask <input type="checkbox"/>	Safety Jacket <input type="checkbox"/>	Other PPE's:	

Emergency

Tripod <input type="checkbox"/>	First Aider <input type="checkbox"/>	Emergency Vehicle <input type="checkbox"/>	Rescue Available <input type="checkbox"/>
Resuscitator <input checked="" type="checkbox"/>	Stretcher / Wheelchair <input type="checkbox"/>	Multi Gas Detector <input checked="" type="checkbox"/>	

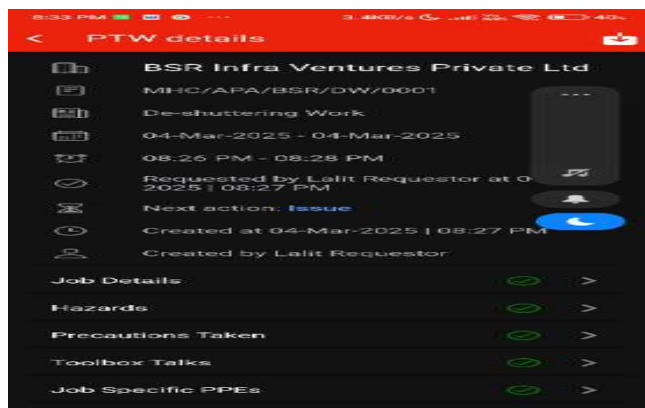
Attachments**Gas Testing**

< 19.5 % - Oxygen Deficiency <input type="checkbox"/>	> 22.2% - Oxygen Enrichment <input type="checkbox"/>
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Safety Considerations

Was oxygen content between 19.5 percent and 23.5 percent?: No	Did you survey the surrounding area to show it to be free of hazards such as drifting vapours from tanks, piping, or sewers?: No	Check for any unsafe electrical conditions.: No	Is all portable electrical equipment used inside confined spaces either grounded and insulated, or equipped with RCCB (30 ma)?: No
Have the facility emergency and rescue services been notified that a confined space entry is about to be made?: No	Trained & experienced work force to be deployed.: No	Continues supervision must be required.: No	Is all rescue equipment called out in the safe entry procedure available outside the confined space?: No
Is either natural or mechanical ventilation provided prior to confined space entry?: No	If the confined space is below the ground and near areas where motor vehicles will be operating, is it possible for vehicle exhaust or carbon monoxide to enter the space?: No	Provide safe access to enter & exit.: No	Is the standby employee appropriately trained and equipped to handle an emergency?: No
Are confined space entrants wearing proper personal protective equipment (i.e., hardhats, boots, etc.)?: No			

Attachments



Approval and authorization

Requester	Issuer	Approver	Reviewer
Name: Lalit Requestor Phone: +919999999990 Time: 04-Mar-2025 08:47:23 PM	Name: Lalit -ISSUER Phone: +919999999900 Time: 04-Mar-2025 09:29:07 PM	Name: NA Phone: NA Time: NA	Name: NA Phone: NA Time: NA

Permit To Work History

Created On	Created By	Comment	Attachments
04-Mar-2025 09:29:07 PM	Lalit -ISSUER	The status has changed to Issued. Assigned Approver: Lalit -Approver	
04-Mar-2025 09:29:07 PM	Lalit -ISSUER	Section: Emergency Resuscitator - Checked Multi Gas Detector - Checked	
04-Mar-2025 08:47:23 PM	Lalit Requestor	The status has changed to Requested. Assigned Issuer: Lalit -ISSUER	