

Permit To Work Report - Concrete Work (Permit UID - MHC/GRA/BSR/CW/0111)**Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Concrete Work	Grava	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 9:03:00 PM / 3/4/2025 9:04:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections**Hazards**

Contact with Eyes <input type="checkbox"/>	Skin Contact <input type="checkbox"/>	Inhalation <input type="checkbox"/>	Electrical Shock <input 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:			

Precautions Taken

Good Access / Egress <input type="checkbox"/>	Scaffolding & working Platform <input 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:			

Toolbox Talks

Topics discussed:	Attach photo:
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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"/>
Rubber Hand Gloves <input type="checkbox"/>	Gum Boots <input type="checkbox"/>	Goggles <input type="checkbox"/>	Face Shield <input type="checkbox"/>
Other PPE's:			


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 pouring area?: No	Verification of Pumping equipment's are inspected prior to start?: No

Approval and authorization

Requester	Issuer	Approver	Reviewer
Name: Lalit Requestor Phone: +919999999990 Time: 04-Mar-2025 09:05:43 PM	Name: NA Phone: NA Time: NA	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 09:09:00 PM	Lalit Requestor	safety . The status has changed to Suspended.	
04-Mar-2025 09:07:04 PM	System User	The status has changed to Suspended automatically.	
04-Mar-2025 09:05:43 PM	Lalit Requestor	safety. The status has changed to Requested.	Video 1
04-Mar-2025 09:04:04 PM	System User	The status has changed to Suspended automatically.	
04-Mar-2025 09:03:34 PM	Lalit Requestor	The status has changed to Requested. Assigned Issuer: Lalit -ISSUER	