

**Permit To Work Report - Concrete Work (Permit UID - MHC/GRA/BSR/CW/0112)****Permit Information**

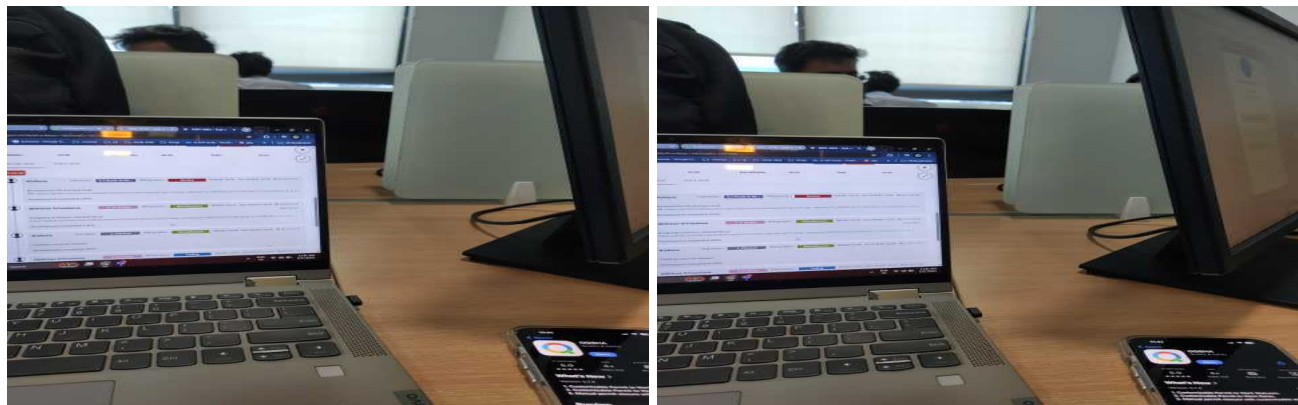
Type of permit	Name of project/site	Contractor company	Name of client/contractor
Concrete Work	Grava	BSR Infra Ventures Private Ltd	Lalit Requestor

**Work Information**

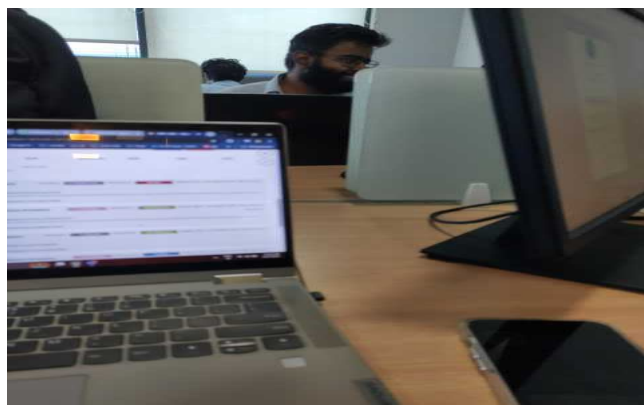
Start date / Close Date	3/27/2025 12:00:00 AM / 3/27/2025 12:00:00 AM	Work location	safety location
Start time / End time	3/27/2025 11:39:00 AM / 3/28/2025 4:59:00 AM	Reference permit no.	11
No. of workers	11	Tools/ equipment to be used	safety
Scope of work	safety scope		
Description of work	safety description		

**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 checked="" type="checkbox"/>	Scaffold Collapse <input type="checkbox"/>	Slip, Trip & Fall <input checked="" type="checkbox"/>	Hit by Boom <input type="checkbox"/>
Other Hazards:			

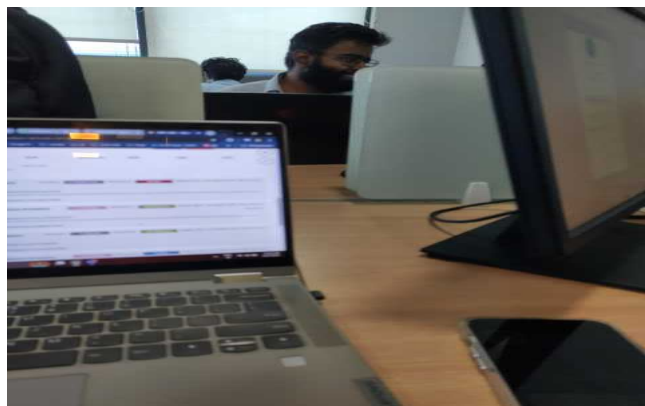
**Attachments****Precautions Taken**

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 checked="" type="checkbox"/>	Ladder Provided <input type="checkbox"/>	Mobile Scaffolding <input checked="" type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>
Other Precautions:			

**Attachments****Toolbox Talks**

Topics discussed:	Attach photo: 1
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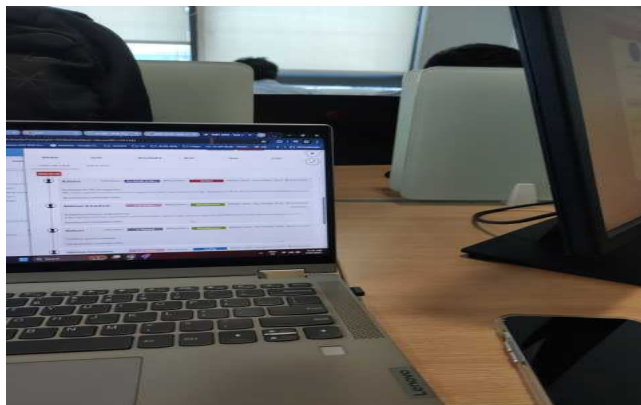
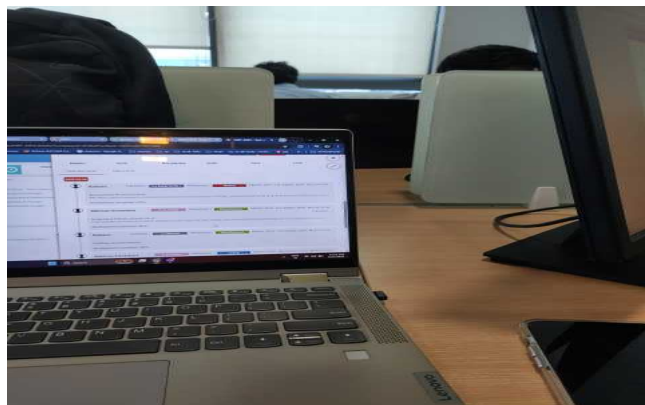
## Attachments



## 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 checked="" type="checkbox"/>	Gum Boots <input type="checkbox"/>	Goggles <input checked="" type="checkbox"/>	Face Shield <input type="checkbox"/>
Other PPE's:			

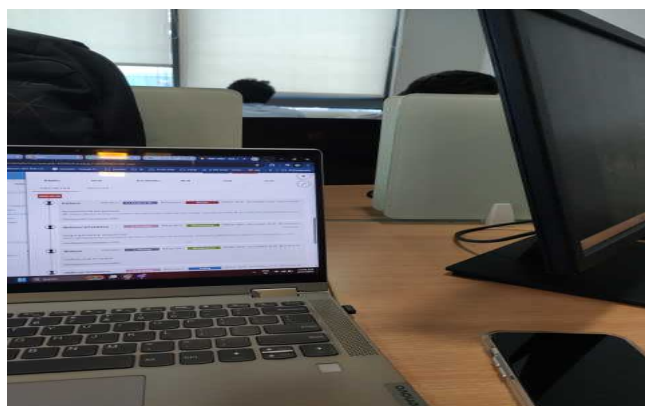
## Attachments



## Safety Considerations

Required fall protection systems in place.: <b>No</b>	Workers using required fall protection systems.: <b>No</b>	Hoisting and rigging operations performed in a safe manner.: <b>No</b>	Guardrails in place and secure.: <b>No</b>
Rebar ends capped to prevent impaling.: <b>No</b>	Wearing safety glasses or goggles when pouring concrete?: <b>No</b>	Concrete washout water, collection, containment, disposal.: <b>No</b>	All workers have received basic Hazard Communication training?: <b>No</b>
MSDSs are available on the site for cement and related products used?: <b>No</b>	ELCB/RCCB provided for Needle Vibrators?: <b>No</b>	Proper Edge protection provided in concrete area?: <b>No</b>	All vibrators/lights electrical cables laid above 7' (feet) height?: <b>No</b>
Proper Access/egress provided in concrete pour area?: <b>No</b>	Is Proper Bracing provide for slab supporting props/Posts?: <b>Yes</b>	Is Eye Wash area provided near to concrete pouring area?: <b>Yes</b>	Verification of Pumping equipment's are inspected prior to start?: <b>Yes</b>

## Attachments



### Approval and authorization

Requester	Issuer	Approver	Reviewer
<b>Name:</b> Lalit Requestor <b>Phone:</b> +919999999990 <b>Time:</b> 27-Mar-2025 11:39:40 AM	<b>Name:</b> Lalit -ISSUER <b>Phone:</b> +919999999900 <b>Time:</b> 27-Mar-2025 11:42:10 AM	<b>Name:</b> Lalit -Approver <b>Phone:</b> +919988778899 <b>Time:</b> 27-Mar-2025 11:46:18 AM	<b>Name:</b> Lalit -Reviewer <b>Phone:</b> +911122112211 <b>Time:</b> 27-Mar-2025 11:48:50 AM

Extension UID: 8UVQL4

Extension Conditions	
Is sufficient Illumination to be provided	Yes
Is security notified of night work	Yes
Is medical aid resources available	Yes
Availability & Use of PPE?s	Yes
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	Issuer	Approver	Reviewer
<b>Name:</b> Lalit Requestor <b>Mobile:</b> +919999999990 <b>Time:</b> 27-Mar-2025 12:03:31 PM <b>Duration:</b> 5 hour(s)	<b>Name:</b> Lalit -ISSUER <b>Mobile:</b> +919999999900 <b>Time:</b> 27-Mar-2025 12:05:30 PM <b>Duration:</b> 5 hour(s)	<b>Name:</b> Lalit -Approver <b>Mobile:</b> +919988778899 <b>Time:</b> 27-Mar-2025 12:09:57 PM <b>Duration:</b> 5 hour(s)	<b>Name:</b> Lalit -Reviewer <b>Mobile:</b> +911122112211 <b>Time:</b> 27-Mar-2025 12:10:52 PM <b>Duration:</b> 5 hour(s)

### Permit To Work History

Created On	Created By	Comment	Attachments
27-Mar-2025 12:10:52 PM	Lalit -Reviewer	safety.	
27-Mar-2025 12:10:52 PM	Lalit -Reviewer	The status has changed to Extension Reviewed.	
27-Mar-2025 12:09:57 PM	Lalit -Approver	The status has changed to Extension Approved. Assigned Reviewer: Lalit -Reviewer	
27-Mar-2025 12:05:30 PM	Lalit -ISSUER	The status has changed to Extension Issued. Assigned Approver: Lalit -Approver	
27-Mar-2025 12:03:31 PM	Lalit Requestor	The status has changed to Extension Requested. Assigned Issuer: Lalit -ISSUER Duration: 5 hour(s).	
27-Mar-2025 11:48:50 AM	Lalit -Reviewer	safety. The status has changed to Reviewed.	
27-Mar-2025 11:48:50 AM	Lalit -Reviewer	Following changes are made in the PTW data: WorkLocation: safety location ScopeOfWork: safety scope WorkDescription: safety description	
27-Mar-2025 11:46:18 AM	Lalit -Approver	The status has changed to Approved. Assigned Reviewer: Lalit -Reviewer	
27-Mar-2025 11:46:17 AM	Lalit -Approver	Following changes are made in the PTW data: ScopeOfWork: safety 1	
27-Mar-2025 11:42:09 AM	Lalit -ISSUER	safety. The status has changed to Issued.	
27-Mar-2025 11:42:09 AM	Lalit -ISSUER	Section: Toolbox Talks Attach photo - 1	
27-Mar-2025 11:39:40 AM	Lalit Requestor	The status has changed to Requested. Assigned Issuer: Lalit -ISSUER	