

Permit To Work Report - De-shuttering Work (Permit UID - MHC/GRA/BSR/DW/0038)**Permit Information**

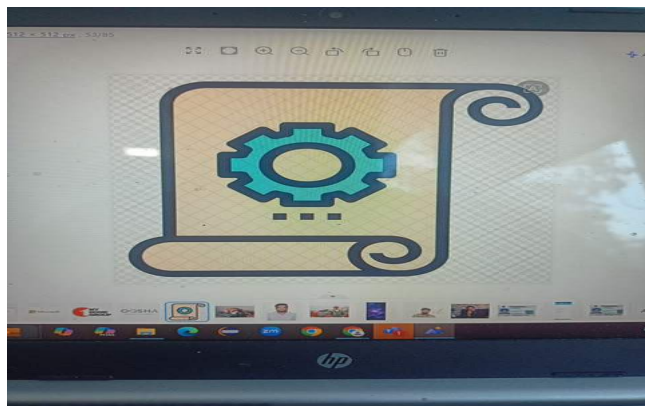
Type of permit	Name of project/site	Contractor company	Name of client/contractor
De-shuttering Work	Grava	BSR Infra Ventures Private Ltd	Lalit Requestor

Work Information

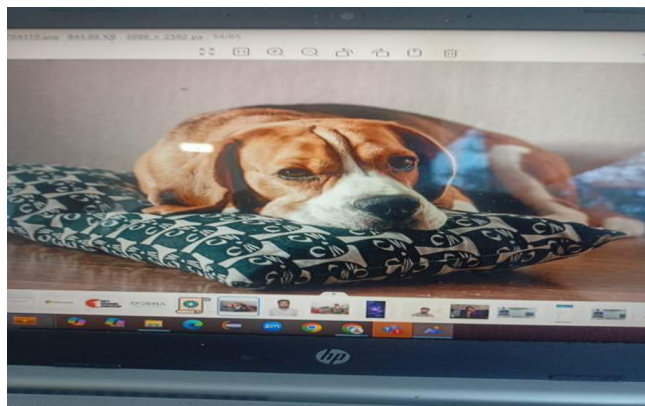
Start date / Close Date	3/4/2025 12:00:00 AM / 3/5/2025 12:00:00 AM	Work location	Madhapur
Start time / End time	3/4/2025 12:17:00 PM / 3/4/2025 1:00:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections**Hazards**

Falling Materials <input checked="" type="checkbox"/>	Fall of Person <input checked="" type="checkbox"/>	Unsafe Working Platform <input checked="" type="checkbox"/>	Improper Handling of Materials <input checked="" type="checkbox"/>
Scaffold Collapse <input checked="" type="checkbox"/>	Slip, Trip & Fall <input checked="" type="checkbox"/>	Poor Housekeeping <input checked="" type="checkbox"/>	

Attachments**Precautions Taken**

Area Barricading <input checked="" type="checkbox"/>	Safe working platform <input checked="" type="checkbox"/>	Adequate illumination <input checked="" type="checkbox"/>	HIRA Undertaken <input checked="" type="checkbox"/>
Good Housekeeping <input checked="" type="checkbox"/>	Provide Safety Nets <input checked="" type="checkbox"/>	Proper Supervision <input checked="" type="checkbox"/>	Safe Access / Egress <input checked="" type="checkbox"/>
Awareness on expected emergencies ? <input checked="" type="checkbox"/>			

Attachments**Toolbox Talks**

Topics discussed: Testing	Attach photo: 1
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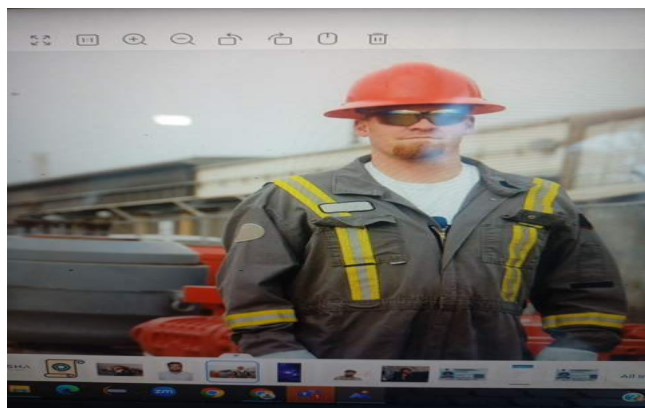
Attachments



Job Specific PPEs

Safety Helmet <input checked="" type="checkbox"/>	Safety Shoes <input checked="" type="checkbox"/>	Full Body Harness <input checked="" type="checkbox"/>	Cover All <input checked="" type="checkbox"/>
Cotton Hand Gloves <input checked="" type="checkbox"/>	Gum Boots <input checked="" type="checkbox"/>	Goggles <input checked="" type="checkbox"/>	Face Shield <input checked="" type="checkbox"/>

Attachments



Safety Considerations

Workers must be provided with safe access to the work.: Yes	Acrophobia test of worker. (Height Phobia etc.): Yes	De-shuttering materials should be kept away properly in working areas.: Yes	Do not overload the working platform with materials.: Yes
Ensure adequate supervision and experienced carpenters for safe works.: Yes	Ensure proper scaffolding working platform is used.: Yes	The de-Shuttering area should be barricaded before starting work.: Yes	Inspection of working scaffolds, ladders, ramps and crossings.: Yes
Maintenance of good housekeeping around the working area and Access.: Yes	Avoid throwing shuttering materials from a height.: Yes	Using a Pulley & rope system to lower the de-shuttering materials.: Yes	Guarding of peripheral edges and floor openings.: Yes
Safety training of workmen involved in formwork?: Yes	Removal of all unused and hanging forms, loose materials, etc.: Yes	De-shuttering columns after the development of adequate strength in concrete.: Yes	Construction loads not placed on the freshly cast slab while removal of formwork.: Yes

Attachments



Approval and authorization

Requester	Issuer	Approver	Reviewer
Name: Lalit Requestor Phone: +919999999990 Time: 04-Mar-2025 12:23:25 PM	Name: Lalit -ISSUER Phone: +919999999900 Time: 04-Mar-2025 12:25:59 PM	Name: Lalit -Approver Phone: +919988778899 Time: 04-Mar-2025 12:27:12 PM	Name: Lalit -Reviewer Phone: +911122112211 Time: 04-Mar-2025 12:29:07 PM

Extension UID: N7F3RO

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	Yes
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	Yes
Use of Full body harness with double lanyard & life line or anchor point (while doing hot work at height).	Yes

Requester	Issuer	Approver	Reviewer
Name: Lalit Requestor Mobile: +919999999990 Time: 04-Mar-2025 12:45:10 PM Duration: 1 hour(s)	Name: Lalit -ISSUER Mobile: +919999999900 Time: 04-Mar-2025 12:46:43 PM Duration: 1 hour(s)	Name: Lalit -Approver Mobile: +919988778899 Time: 04-Mar-2025 12:48:37 PM Duration: 1 hour(s)	Name: Lalit -Reviewer Mobile: +911122112211 Time: 04-Mar-2025 12:49:31 PM Duration: 1 hour(s)

Permit To Work History

Created On	Created By	Comment	Attachments
04-Mar-2025 12:49:31 PM	Lalit -Reviewer	The status has changed to Extension Reviewed.	
04-Mar-2025 12:48:37 PM	Lalit -Approver	The status has changed to Extension Approved. Assigned Reviewer: Lalit -Reviewer	
04-Mar-2025 12:46:43 PM	Lalit -ISSUER	The status has changed to Extension Issued. Assigned Approver: Lalit -Approver	
04-Mar-2025 12:45:10 PM	Lalit Requestor	The status has changed to Extension Requested. Assigned Issuer: Lalit -ISSUER Duration: 1 hour(s).	
04-Mar-2025 12:44:13 PM	Lalit -Approver	The status has changed to Validation Approved.	
04-Mar-2025 12:39:25 PM	Lalit -ISSUER	The status has changed to Validation Issued. Assigned Approver: Lalit -Approver	
04-Mar-2025 12:37:11 PM	Lalit Requestor	Status changed to Suspended. No changes were made. Assigned Issuer: Lalit -ISSUER	
04-Mar-2025 12:29:07 PM	Lalit -Reviewer	The status has changed to Reviewed.	
04-Mar-2025 12:29:07 PM	Lalit -Reviewer	Section: Toolbox Talks Topics discussed - Testing Attach photo - 1	
04-Mar-2025 12:27:12 PM	Lalit -Approver	The status has changed to Approved. Assigned Reviewer: Lalit -Reviewer	
04-Mar-2025 12:25:59 PM	Lalit -ISSUER	The status has changed to Issued. Assigned Approver: Lalit -Approver	
04-Mar-2025 12:23:25 PM	Lalit Requestor	The status has changed to Requested. Assigned Issuer: Lalit -ISSUER	