

Permit To Work Report - Confined Space Entry (Permit UID - MHC/VIP/BSR/CS/0002)**Permit Information**

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

Work Information

Start date / Close Date	2/11/2025 12:00:00 AM / 2/11/2025 12:00:00 AM	Work location	
Start time / End time	2/11/2025 8:16:00 PM / 2/12/2025 4:00:00 AM	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 type="checkbox"/>	Stretcher / Wheelchair <input type="checkbox"/>	Multi Gas Detector <input type="checkbox"/>	Other Requirements:

Gas Testing

Percentage of Oxygen Reading (% O ₂):	< 19.5 % - Oxygen Deficiency <input type="checkbox"/>	> 22.2% - Oxygen Enrichment <input type="checkbox"/>	Other's:
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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			

Approval and authorization

Requestor	Issuer	Approver	Reviewer
Name: Lalit Requester Phone: +919999999990 Requested On: 11-Feb-2025 08:17:03 PM	Name: Sameer Issuer 2 Phone: +919999999900 Issued On: 11-Feb-2025 08:19:05 PM	Name: Lalit Approver Phone: +919988778899 Approved On: 11-Feb-2025 08:20:30 PM	Name: Sameer Reviewer Phone: +911122112211 Reviewed On: 11-Feb-2025 08:21:16 PM

Extension UID: MLP0V6

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

Requested	Issued	Approved	Reviewed
Name: Lalit Requester Mobile: +919999999990 Requested On: 11-Feb-2025 08:22:21 PM Duration: 4 hour(s)	Name: Sameer Issuer 2 Mobile: +919999999900 Issued On: 11-Feb-2025 08:23:58 PM Duration: 5 hour(s)	Name: Lalit Approver Mobile: +919988778899 Approved On: 11-Feb-2025 08:27:17 PM Duration: 5 hour(s)	Name: Sameer Reviewer Mobile: +911122112211 Reviewed On: 11-Feb-2025 08:35:48 PM Duration: 5 hour(s)

Permit To Work History

Created On	Created By	Comment	Attachments
11-Feb-2025 08:35:48 PM	Sameer Reviewer	The status has changed to Ext_Reviewed.	
11-Feb-2025 08:27:17 PM	Lalit Approver	The status has changed to Ext_Aproved. Assigned Reviewer: Sameer Reviewer	
11-Feb-2025 08:23:58 PM	Sameer Issuer 2	The status has changed to Ext_Issued. Assigned Approver: Lalit Approver Duration: 5 hour(s).	
11-Feb-2025 08:22:21 PM	Lalit Requester	The status has changed to Ext_Requested. Assigned Issuer: Sameer Issuer 2 Duration: 4 hour(s).	
11-Feb-2025 08:21:16 PM	Sameer Reviewer	The status has changed to Reviewed.	
11-Feb-2025 08:20:30 PM	Lalit Approver	The status has changed to Approved. Assigned Reviewer: Sameer Reviewer	
11-Feb-2025 08:19:05 PM	Sameer Issuer 2	The status has changed to Issued. Assigned Approver: Lalit Approver	
11-Feb-2025 08:17:03 PM	Lalit Requester	The status has changed to Requested. Assigned Issuer: Sameer Issuer 2	