



Doc No: MHCPL-EHS-PTW-10

**Permit To Work Report - Night Work (Permit UID - MHP/AMBUJA/NW/0001)**

**Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Night Work	Grava	Ambuja Cement	Sanjana Yamawar

**Work Information**

Start date / Close Date	6/13/2024 12:00:00 AM / 6/13/2024 12:00:00 AM	Work location	
Start time / End time	3/27/2025 12:45:00 PM / 3/27/2025 1:30:00 PM	Reference permit no.	Ref 2
No. of workers	2	Tools/ equipment to be used	Goggles,
Scope of work	NA		
Description of work	Need workers		

**Sections**

**Hazards**

Falling Objects <input checked="" type="checkbox"/>	Hardhacks <input checked="" type="checkbox"/>	Fatigue <input checked="" type="checkbox"/>	Low Visibility <input checked="" type="checkbox"/>
Stress <input checked="" type="checkbox"/>	Drowsy <input checked="" type="checkbox"/>	Improper Monitoring <input checked="" type="checkbox"/>	Person Falls <input checked="" type="checkbox"/>
Depression <input type="checkbox"/>	Other Hazards: NA		

**Attachments**

[OQSHA\\_UserAppointments\\_2024-02-22\\_14-50-19-5019\\_2024-06-13\\_00-11-36-1136\\_bf4e611b-6f54-4e8a-86ed-949a4f2fa6a6.csv](#)  
[OQSHA\\_UserTickets\\_2024-02-22\\_14-50-19-5019\\_2024-06-13\\_00-11-36-1136\\_b4d72bc3-65ce-41c6-ba89-5c965431e5b0.csv](#)

**Precautions Taken**

Work Area Lighting <input checked="" type="checkbox"/>	Safe Routes <input checked="" type="checkbox"/>	Safe Access / Egress <input checked="" type="checkbox"/>	Separate Vehicle & Worker Path ways <input checked="" type="checkbox"/>
HIRA Undertaken <input checked="" type="checkbox"/>	Signage's Provided <input type="checkbox"/>	SOP <input checked="" type="checkbox"/>	Reflection Vests <input checked="" type="checkbox"/>
Trainings <input checked="" type="checkbox"/>	Blinkers <input checked="" type="checkbox"/>	Awareness on expected emergencies ? <input checked="" type="checkbox"/>	Other Precautions:

**Toolbox Talks**

Topics discussed: Na	Attach photo:
----------------------	---------------

**Attachments**

[Image](#)

**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 type="checkbox"/>
High Visibility vest <input checked="" type="checkbox"/>	Other PPEs:		

**Attachments**

[Image](#)

**Safety Considerations**

Is sufficient Illumination to be provided?: <b>NA</b>	Is security notified of night work?: <b>NA</b>	Is medical aid resources available?: <b>No</b>	Availability & Use of PPE's.: <b>Yes</b>
Proper Housekeeping to be done on daily basis.: <b>Yes</b>	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.: <b>Yes</b>	Use of Full body harness with double lanyard & life line or anchor point.(while doing hot work at height): <b>No</b>	

**Attachments**

Image

[OQSHA\\_UserTickets\\_2024-02-22\\_14-50-19-5019\\_2024-06-13\\_00-13-21-1321\\_b8c62a3b-901d-4541-afac-14a4ac24a99b.csv](#)

Approval and authorization

Requester	Issuer	Approver	Reviewer
<b>Name:</b> Sanjana Yamawar <b>Phone:</b> +918483932759 <b>Time:</b> 13-Jun-2024 12:43:27 PM	<b>Name:</b> NA <b>Phone:</b> NA <b>Time:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Time:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Time:</b> NA

Permit To Work History

Created On	Created By	Comment	Attachments
13-Jun-2024 01:30:01 PM	System User	The status has changed to Closed automatically.	