

Permit To Work Report - General Work (Permit UID - PTW/AKR/AMBUJA/GW/0002)**Permit Information**

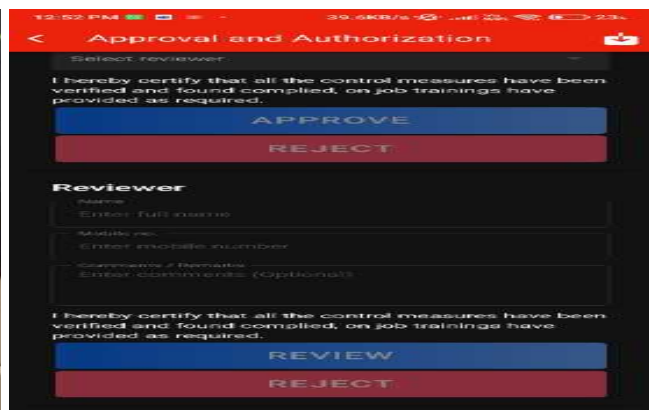
Type of permit	Name of project/site	Contractor company	Name of client/contractor
General Work	Akrida	Ambuja Cement	Lalit Requestor

Work Information

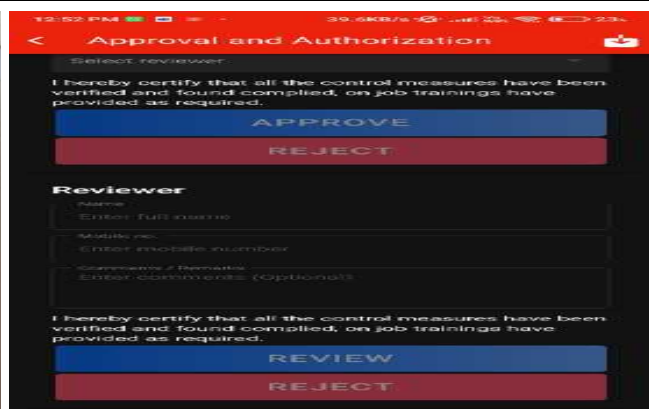
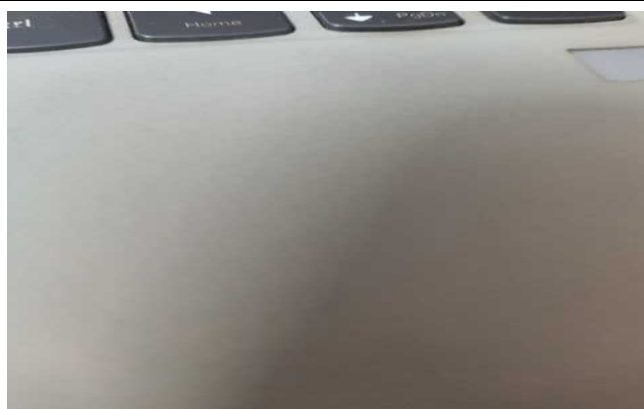
Start date / Close Date	2/8/2025 12:00:00 AM / 2/8/2025 12:00:00 AM	Work location	
Start time / End time	2/8/2025 8:58:00 PM / 2/8/2025 11:00:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections**Hazards**

Slip, Trip & Fall <input type="checkbox"/>	Dust <input type="checkbox"/>	Flying Objects <input type="checkbox"/>	Sharp Objects <input type="checkbox"/>
Chemical Spillage <input type="checkbox"/>			

Attachments**Precautions Taken**

LOTO Applied <input type="checkbox"/>	Good Access / Egress <input type="checkbox"/>	Good Housekeeping <input type="checkbox"/>	Adequate illumination <input type="checkbox"/>
HIRA Undertaken <input type="checkbox"/>	Standard Tools <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	

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"/>	Cover All <input type="checkbox"/>	Cotton Hand Gloves <input type="checkbox"/>
Rubber Hand Gloves <input type="checkbox"/>	Gum Boots <input type="checkbox"/>	Goggles <input type="checkbox"/>	Face Shield <input type="checkbox"/>

Attachments



Safety Considerations

Make sure proper PPE to be provided.: No	Ensure Safe access & Egress (Ladders) Provided.: No	Make sure work force to use right tools for the right job.: No	Ensure all the floor openings to be closed.: No
If scaffold used, condition of scaffolding & provision of tags to be ensured.: No	Extended work platform provided, if applicable.: No	Provide sufficient railings.: No	Visual inspection of tools & "Fit for Use" tagging, as applicable.: No
Fencing of down area / Ground area done.: No	Ensure site supervisor to monitor Housekeeping & Proper housekeeping to be done.: No	Is correct size tools used for the job?: No	Emergency vehicle and First-aid provider shall be assured during the work. Shock Treatment chart is available and is understood through TBT?: No

Approval and authorization

Requestor	Issuer	Approver	Reviewer
Name: Lalit Requestor Phone: +9199599933629 Requested On: 08-Feb-2025 08:59:38 PM	Name: Sephali Kumari Phone: +9199599933625 Issued On: 08-Feb-2025 09:06:49 PM	Name: Pratham -Approver Phone: +918007007611 Approved On: 08-Feb-2025 09:11:31 PM	Name: NA Phone: NA Reviewed On: NA

Permit To Work History

Created On	Created By	Comment	Attachments
08-Feb-2025 09:11:31 PM	Pratham -Approver	The status has changed to Approved. Assigned Reviewer: Sayan Mondal	
08-Feb-2025 09:06:49 PM	Sephali Kumari	The status has changed to Issued. Assigned Approver: Pratham -Approver	
08-Feb-2025 08:59:38 PM	Lalit Requestor	The status has changed to Requested. Assigned Issuer: Sephali Kumari	