



Doc No: MHCPL-EHS-PTW-13

Permit To Work Report - Blasting Work (Permit UID - PTW/BEG/HCLPRI/BL/0001)

Permit Information

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Blasting Work	Begumpet	HCL Private Limited	Raj Kumar Pativada

Work Information

Start date / Close Date	2/26/2025 12:00:00 AM / 2/26/2025 12:00:00 AM	Work location	
Start time / End time	3/27/2025 12:45:00 PM / 3/27/2025 6:00:00 PM	Reference permit no.	
No. of workers	0	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections

Hazards

Fly Rock <input type="checkbox"/>	Dust <input type="checkbox"/>	Fumes <input type="checkbox"/>	Toxic Gases <input type="checkbox"/>
Miss-Fires <input type="checkbox"/>	Explosion <input type="checkbox"/>	Fire <input type="checkbox"/>	Vibration <input type="checkbox"/>
Noise <input type="checkbox"/>	Other 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 type="checkbox"/>	Scaffold Collapse <input type="checkbox"/>
Slip, Trip & Fall <input type="checkbox"/>	Hit by Boom <input type="checkbox"/>		

Precautions Taken

Licensed Blaster <input type="checkbox"/>	Blasting NOC <input type="checkbox"/>	Blasting Siren <input type="checkbox"/>	HIRA Undertaken <input type="checkbox"/>
Signage's Provided <input type="checkbox"/>	Blasting SOP <input type="checkbox"/>	Controlled Blasting <input type="checkbox"/>	Separate Containers for Explosive & ED's <input type="checkbox"/>
Awareness on expected emergencies ? <input type="checkbox"/>	Other Precautions:	Good Access / Egress <input type="checkbox"/>	Scaffolding & working Platform <input type="checkbox"/>
Adequate illumination <input type="checkbox"/>	Good Housekeeping <input type="checkbox"/>	Ladder Provided <input type="checkbox"/>	Mobile Scaffolding <input type="checkbox"/>

Toolbox Talks

Topics discussed:	Attach photo: 0
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Job Specific PPEs

Safety Helmet <input type="checkbox"/>	Safety Shoes <input type="checkbox"/>	Ear Plugs / Muffs <input type="checkbox"/>	Reflective Vest <input type="checkbox"/>
Hand Gloves <input type="checkbox"/>	Nose Mask <input type="checkbox"/>	Goggles <input type="checkbox"/>	Other PPE's:
Full Body Harness <input type="checkbox"/>	Cover All <input type="checkbox"/>	Rubber Hand Gloves <input type="checkbox"/>	Gum Boots <input type="checkbox"/>
Face Shield <input type="checkbox"/>			

Safety Considerations

The blaster must possess a valid license.: No	Explosive to be transported in road, in an Explosive van.: No	Explosive should not be carried in the same vehicle with detonators.: No	Vehicle should be equipped with a non-sparking metal or wooden floor.: No
Do not use damaged/deteriorated explosives and accessories.: No	No holes should be loaded except those that are to be fired in the next round of blasting. Holes loaded during one shift should be fired on the same shift.: No	Post guards with red flags at a safe distance around the site to prevent persons approaching the danger area inadvertently while the shots are being fired.: No	Ensure to handle miss-fires by authorised blaster.: No
Carryout blasting is in day light hours only.: No	All Blasting's should be controlled/muffed blasting's.: No	Required fall protection systems in place.: No	Workers using required fall protection systems.: No
Hoisting and rigging operations performed in a safe manner.: No	Guardrails in place and secure.: No	Rebar ends capped to prevent impaling.: No	Wearing safety glasses or goggles when pouring concrete?: No
Concrete washout water, collection, containment, disposal.: No	All workers have received basic Hazard Communication training?: No	MSDSs are available on the site for cement and related products used?: No	ELCB/RCCB provided for Needle Vibrators?: No

Proper Edge protection provided in concrete area?: No	All vibrators/lights electrical cables laid above 7' (feet) height?: No	Proper Access/egress provided in concrete pour area?: No	Is Proper Bracing provide for slab supporting props/Posts?: No
Is Eye Wash area provided near to concrete pouring area?: No	Verification of Pumping equipment's are inspected prior to start?: No		

Approval and authorization

Requester	Issuer	Approver	Reviewer
Name: Raj Kumar Pativada Phone: +919160948627 Time: 26-Feb-2025 12:46:03 PM	Name: NA Phone: NA Time: NA	Name: NA Phone: NA Time: NA	Name: NA Phone: NA Time: NA

Permit To Work History

Created On	Created By	Comment	Attachments
26-Feb-2025 12:46:03 PM	Raj Kumar Pativada	The status has changed to Requested. Assigned Issuer: Sayan M	