

**Permit To Work Report - Confined Space Entry (Permit UID - PTW/BEG/OQSHA/CS/0002)****Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Confined Space Entry	Begumpet	OQSHA India	Vaibhav Varun Reviewer

**Work Information**

Start date / Close Date	3/1/2025 12:00:00 AM / 3/1/2025 12:00:00 AM	Work location	
Start time / End time	3/4/2025 2:07:00 PM / 3/4/2025 6:00:00 PM	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**

< 19.5 % - Oxygen Deficiency <input type="checkbox"/>	> 22.2% - Oxygen Enrichment <input type="checkbox"/>	Percentage of Oxygen Reading (% O2):	Other's:
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**Safety Considerations**

Was oxygen content between 19.5 percent and 23.5 percent?: <b>No</b>	Did you survey the surrounding area to show it to be free of hazards such as drifting vapours from tanks, piping, or sewers?: <b>No</b>	Check for any unsafe electrical conditions.: <b>No</b>	Is all portable electrical equipment used inside confined spaces either grounded and insulated, or equipped with RCCB (30 ma)?: <b>No</b>
Have the facility emergency and rescue services been notified that a confined space entry is about to be made?: <b>No</b>	Trained & experienced work force to be deployed.: <b>No</b>	Continues supervision must be required.: <b>No</b>	Is all rescue equipment called out in the safe entry procedure available outside the confined space?: <b>No</b>
Is either natural or mechanical ventilation provided prior to confined space entry?: <b>No</b>	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?: <b>No</b>	Provide safe access to enter & exit.: <b>No</b>	Is the standby employee appropriately trained and equipped to handle an emergency?: <b>No</b>
Are confined space entrants wearing proper personal protective equipment (i.e., hardhats, boots, etc.):? <b>No</b>			

### Approval and authorization

Requester	Issuer	Approver	Reviewer
<b>Name:</b> Vaibhav Varun <b>Reviewer</b> <b>Phone:</b> +918967697371 <b>Time:</b> 01-Mar-2025 02:07:30 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

Extension UID: GI8M1R

Extension Conditions			
Requester	Issuer	Approver	Reviewer
<b>Name:</b> Raj Kumar Pativada <b>Mobile:</b> +919160948627 <b>Time:</b> 03-Mar-2025 10:08:05 AM <b>Duration:</b> 10 hour(s)	<b>Name:</b> <b>Mobile:</b> <b>Time:</b> NA <b>Duration:</b> NA hour(s)	<b>Name:</b> <b>Mobile:</b> <b>Time:</b> NA <b>Duration:</b> NA hour(s)	<b>Name:</b> <b>Mobile:</b> <b>Time:</b> NA <b>Duration:</b> NA hour(s)

### Permit To Work History

Created On	Created By	Comment	Attachments
03-Mar-2025 10:08:05 AM	Raj Kumar Pativada	The status has changed to Extension Requested. Assigned Issuer: Sayan M Duration: 10 hour(s).	
01-Mar-2025 02:37:44 PM	Sayan Approver	The status has changed to Validation Approved.	
01-Mar-2025 02:37:02 PM	Sayan M	The status has changed to Validation Issued. Assigned Approver: Sayan Approver	
01-Mar-2025 02:36:20 PM	Vaibhav Varun Reviewer	Status changed to Validation Rejected. No changes were made. Assigned Issuer: Sayan M	
01-Mar-2025 02:35:08 PM	Sayan Approver	The status has changed to Validation Rejected. Rejection Reason: Testing PTW validation	
01-Mar-2025 02:22:21 PM	Sayan M	The status has changed to Validation Issued. Assigned Approver: Sayan Approver	
01-Mar-2025 02:11:47 PM	Vaibhav Varun Reviewer	Status changed to Suspended. No changes were made. Assigned Issuer: Sayan M	
01-Mar-2025 02:07:30 PM	Vaibhav Varun Reviewer	The status has changed to Requested. Assigned Issuer: Sayan M	