

**Work Permit Report - (Work Permit UID - WP/TTK/KHA/HTW/26/00054)**

**Work Permit Information**

<b>Work Permit UID</b>	WP/TTK/KHA/HTW/26/00054	<b>Category Name</b>	Height Work
<b>Description</b>	ASSEMBLY OF WALKWAY	<b>Status</b>	Approve
<b>Site Name</b>	Melmore	<b>Department Name</b>	Maintenance
<b>Location</b>	ROOF TOP	<b>Initiated By</b>	Justina Benedict
<b>Start Date &amp; Time</b>	11-Mar-2026 10:22:00 AM	<b>End Date &amp; Time</b>	11-Mar-2026 06:00:00 PM
<b>Created On</b>	11-Mar-2026 10:23:10 AM	<b>Due Date</b>	11-Mar-2026 12:00:00 AM
<b>Contractor</b>	NA	<b>Shift</b>	NA

**Sections**

<b>1. Hazards Identified</b>			
<input type="checkbox"/> Presence of Toxic Gas Fumes	<input checked="" type="checkbox"/> Sharp Edges	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Height Work (Above 2 Meter.)
<input type="checkbox"/> Work near Over Head Electrical Line	<input type="checkbox"/> Combustible Materials Nearby	<input checked="" type="checkbox"/> Trip Hazard	<input type="checkbox"/> Static Electricity
<input type="checkbox"/> Work on Fragile Roofs	<input type="checkbox"/> Improper Access to reach height	<input type="checkbox"/> Work near sharp edges in ground level	<input type="checkbox"/> Slip Hazard
<input type="checkbox"/> Steam	<input type="checkbox"/> Work on Standing Ladder	<input type="checkbox"/> Work on Moving Machinery	<input type="checkbox"/> Confined Space
<input type="checkbox"/> Excavation Collapse	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Work on Scaffolding	<input type="checkbox"/> Unguarded Opening
<input checked="" type="checkbox"/> Mechanical / Electrical Sparks	<input checked="" type="checkbox"/> Noise / Vibration	<input type="checkbox"/> Pressurized Line	<b>Other Hazards::</b>
<b>2. Control Measures</b>			

Person Name: _____:	If any of the above criteria required is not met, then do not issue the work permit.:
---------------------	---

YES	NO	NA	Check Points for the Initiator
✓			Is all hand tools & equipment's inspected & tag provided?
✓			If Work is to be carried on fragile roof then life line provided to prevent a fall
✓			Use of full body harness with life line and provision available to anchor life line and lanyard of harness
✓			Proper access / Ladder is to be provided to reach at work place and use safety belt with life line
✓			Proper staging, platform and handrails provided (Top rail, Mid rail & Toe guard) provided
✓			Precaution should be taken to avoid falling of tools from height
✓			Caution board indicating "MEN AT WORK" displayed and barricading provided
✓			Disconnected any electrical equipment with in proximity of working at height before startup of work
✓			Persons / Certified rigger medically fit and sufficiently trained
✓			No overhead electrical cables above the working platform
✓			If scaffold used, Checked the condition of scaffolding & found satisfactory
✓			Any other source of potential hazard identified (Fire, Explosion, Fumes, Electrical leakages, slippery surface); Whether source of hazard removed
✓			For electrical height work, is FRP ladder available
	✓		Is stand by person available to hold the ladder - Mention Name
	✓		Is ladder placing in 75 deg angle?
✓			Is ladder inspected, physical condition is good & certified with green tag?
✓			Is nearby vehicle movement are eliminated & barricaded?
✓			Stop the work during rain, heavy wind & any other abnormal environment

### 3. Safety Equipment Requirement & PPE to be used

<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Nose Mask / Respirators	<input checked="" type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Fire Extinguisher No.
<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> Hand Gloves	<input type="checkbox"/> Ear Plug/ Muff	<input type="checkbox"/> Scaffolds & Ladders
<input type="checkbox"/> Locks/ tags No. _____	<input type="checkbox"/> Barricades & Warning Signs	<input type="checkbox"/> Face Shield / Welding Goggle	<input checked="" type="checkbox"/> Helmet
<input type="checkbox"/> Forced Ventilation	<input type="checkbox"/> Apron	<input type="checkbox"/> Any Other:	<b>LOTO Tag Reference No.:</b>

### Approvers

{ApproversDetails}

### History

Created On	Created By	Comment	Attachments
12-Mar-2026 09:12:47 AM	Stephenie Hoyt	Status has been updated to Approved Approved	NA
11-Mar-2026 10:45:17 AM	Justina Benedict	Status has been updated to Partially Approved work to be started	NA

11-Mar-2026 10:23:10 AM	Justina Benedict	A new record was created: Site Name set to 'Khardi' Department set to 'Maintenance' Type Of Permit set to 'Height Work' Contractor set to 'LANASON' Name Of Requestor set to 'Saravana Kumar R' Work Permit Date Start set to '11-Mar-2026' Work Permit Date End set to '11-Mar-2026' Work Permit Time Start set to '10:22 AM' Work Permit Time End set to '06:00 PM' Is Manual Ptw set to 'False' Status set to 'Submit'	NA
----------------------------	------------------	---	----