

Doc No: MHCPL-EHS-PTW-07

Permit To Work Report - Hot Work (Permit UID - APA/12A/WERTYU/HW/0001)

Type of permit	Hot Work											
Name of project/ site	Site-A											
Contractor company	Blue Print											
Name of client/ contractor	Kulsrestha Joshi - Requester											
Work location	hyd											
Scope of work												
Work permit start date	11/13/2024 12:00:00 AM											
Work permit start time	11/13/2024 3:00:00 PM											
Work permit close date	11/15/2024 12:00:00 AM											
Work permit close time	11/13/2024 6:00:00 PM											
No. of workers	10											
Tools/ equipments to be used	xyz											
Description of work												
Reference permit no.												
Location	NA											
Hazards	<table border="1"> <tr> <td>Electrical Shock <input checked="" type="checkbox"/></td><td>Carbon Fumes <input checked="" type="checkbox"/></td><td>Arc Flash <input checked="" type="checkbox"/></td><td>Burns <input type="checkbox"/></td></tr> <tr> <td>Fire /Explosion <input checked="" type="checkbox"/></td><td>Person Fall <input checked="" type="checkbox"/></td><td>Equipment Fall <input checked="" type="checkbox"/></td><td>Other Hazards :</td></tr> </table>				Electrical Shock <input checked="" type="checkbox"/>	Carbon Fumes <input checked="" type="checkbox"/>	Arc Flash <input checked="" type="checkbox"/>	Burns <input type="checkbox"/>	Fire /Explosion <input checked="" type="checkbox"/>	Person Fall <input checked="" type="checkbox"/>	Equipment Fall <input checked="" type="checkbox"/>	Other Hazards :
	Electrical Shock <input checked="" type="checkbox"/>	Carbon Fumes <input checked="" type="checkbox"/>	Arc Flash <input checked="" type="checkbox"/>	Burns <input type="checkbox"/>								
	Fire /Explosion <input checked="" type="checkbox"/>	Person Fall <input checked="" type="checkbox"/>	Equipment Fall <input checked="" type="checkbox"/>	Other Hazards :								
Attachments		Image - 1										

Precautions taken	Isolation <input checked="" type="checkbox"/>	LOTO Applied <input checked="" type="checkbox"/>	Isolation Switch Available <input checked="" type="checkbox"/>
	Cordoned Area <input checked="" type="checkbox"/>	HIRA Undertaken <input type="checkbox"/>	Signage's Provided <input checked="" type="checkbox"/>
	SOP <input checked="" type="checkbox"/>	Grounding Provided <input checked="" type="checkbox"/>	ELCB / RCCB Provided <input checked="" type="checkbox"/>
	Awareness on expected emergencies ? <input checked="" type="checkbox"/>	Other Precautions: :	
Toolbox talks	{ToolboxTalks}		
PPEs	Safety Helmet <input checked="" type="checkbox"/>	Safety Shoes <input checked="" type="checkbox"/>	Full Body Harness <input checked="" type="checkbox"/>
	Cover All <input checked="" type="checkbox"/>	Welding Face Shield <input checked="" type="checkbox"/>	Leather Hand Gloves <input checked="" type="checkbox"/>
	Leather Apron <input checked="" type="checkbox"/>	UV Protection Shield <input type="checkbox"/>	Other PPE's :
Safety considerations	Has the area at the work location been cleared of all the combustible materials & any other lubricants etc?		No
	Has a flashback arrestor at both sides (cylinder & torch) been provided to the gas-cutting set?		NA
	Have Suitable Fire Extinguishers/sand buckets been kept handy at the work site?		Yes
	Have Welding Screen (Yellow) / wet gunny bag/fire blanket been used to protect against sparks?		NA
	Vertical clearance. (at least 2 meters above the platform) (Supervision should be provided if sufficient clearance is not available)		NA
	Is barricading being provided below while doing work at height?		No
	Is the gas-cutting cylinder checked for any leakages?		No
	Are the gas cylinders secured in a trolley using chains?		NA
	Do all workers involved in hot work have proper training on safety procedures and equipment use?		Yes
	Do welding machines have ELCB/RCCB and proper earthing?		NA
	Availability and use of PPEs. (Mandatory PPE + Leather Apron, Welding Face Shield, Leather Hand Gloves)		Yes
	Use of Full body harness with double lanyard & lifeline or anchor point.(while doing hot work at height)		No
	Any other requirement (If Yes, please specify): Emergency exits are available, and Emergency vehicle and First-aid providers shall be assured during the work The Main Isolation Switch location is known to All Shock Treatment chart is available and is understood through TBT.		NA

Approval and authorization

Requestor/holder	Issuer	Approver	Reviewer
Name: Kulsrestha Joshi - Requester Phone: +918475825367 Requested On: 13-Nov-2024 02:53:41 PM	Name: Debraj Dey Phone: +919485219603 Issued On: 13-Nov-2024 02:56:16 PM	Name: Sarthak Kalra - Approver Phone: +919997327316 Approved On: 13-Nov-2024 02:57:30 PM	Name: Om Bhavsar - Reviewer Phone: +918380885374 Reviewed On: 13-Nov-2024 02:58:57 PM