



Doc No: MHCPL-EHS-PTW-13

Permit To Work Report - Blasting Work (Permit UID - APA/APS/ABCCON/BL/0017)

Permit Information

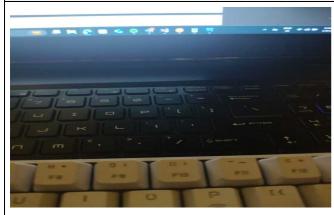
Type of permit	Name of project/site	Contractor company	Name of client/contractor	
Blasting Work	Aparna New Site	Abc Constructions	Sarthak Requestor	
Work Information				

Start date / Close Date	1/9/2025 12:00:00 AM / 1/9/2025 12:00:00 AM	Work location	
Start time / End time	1/8/2025 9:31:00 AM / 1/8/2025 6:00:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections

Fly Rock ☐	Dust ☐	Fumes	Toxic Gases □	
Miss-Fires □	Explosion	Fire	Vibration ☐	
Noise	Other Hazards:			
Licensed Blaster	Blasting NOC	Blasting Siren □	HIRA Undertaken □	
Signage's Provided ☐	Blasting SOP	Controlled Blasting	Separate Containers for Explosive & ED's □	
Awareness on expected emergencies ? ☐	Other Precautions:			
Topics discussed:		Attach photo: 0		

Attachments



Safety Shoes □	Ear Plugs / Muffs	Reflective Vest □	Hand Gloves □
Nose Mask ✓	Goggles □	Other PPEs:	
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		

Approval and authorization

Requestor	Issuer	Approver	Reviewer
Name: Sarthak Requestor Phone: +919997327317 Requested On: 08-Jan-2025 08:33:07 PM	Name: NA Phone: NA Issued On: NA	Name: NA Phone: NA Approved On: NA	Name: NA Phone: NA Reviewed On: NA

Permit To Work History

NA

Created On	Created By	Comment	Attachments
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