

Doc No: MHCPL-EHS-PTW-13

Permit To Work Report - Blasting Work (Permit UID - APA/APS/ABCCON/BL/0025)

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	1/9/2025 3:55:00 PM / 1/9/2025 6:00:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

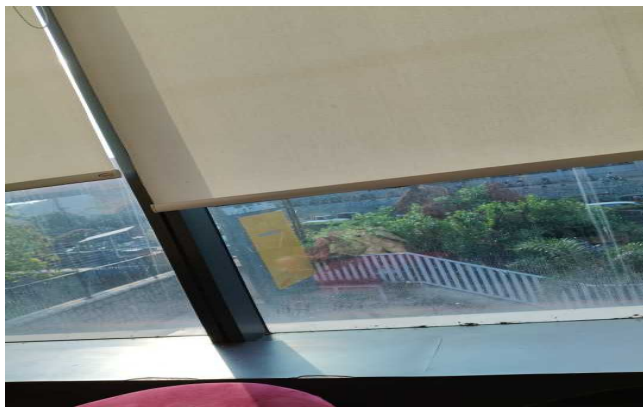
Sections

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: tools	Attach photo: 1
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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: 09-Jan-2025 03:56:17 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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