Permit To Work Report - Night Work (Permit UID - APA/APS/ABCCON/NW/0001)

Permit Information

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Night Work	Aparna New Site	Abc Constructions	Kohli OSM

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 8:00:00 PM / 1/9/2025 10:00:00 PM	**Reference permit no.**	
No. of workers	NA	**Tools/ equipment to be used**	
Scope of work			
Description of work			

Sections

Falling Objects ☑	Hardhacks ☑	Fatigue ☑	Low Visibility ☑
Stress ☑	Drowsy ☑	Improper Monitoring ☑	Person Falls ☑
Depression ☑	Other Hazards:		

Work Area Lighting ☑	Safe Routes ☑	Safe Access / Egress ☑	Separate Vehicle & Worker Path ways ☑
HIRA Undertaken ☑	Signage's Provided ☑	SOP ☑	Reflection Vests ☑
Trainings ☑	Blinkers ☑	Awareness on expected emergencies ? ☑	Other Precautions:

Topics discussed:	Attach photo: 0

Safety Helmet ☐	Safety Shoes ☐	Full Body Harness ☐	Cover All ☐
High Visibility vest ☐	Other PPEs:		

Is sufficient Illumination to be provided?: **No**	Is security notified of night work?: **No**	Is medical aid resources available?: **No**	Availability & Use of PPE's.: **No**
Proper Housekeeping to be done on daily basis.: **No**	Any other requirement (If Yes, please specify): Emergency exit are available, Emergency vehicle and First-aid provider shall be assured during the work Main Isolation Switch location is known to All.: **No**	Use of Full body harness with double lanyard & life line or anchor point.(while doing hot work at height): **No**	

Approval and authorization

Requestor	Issuer	Approver	Reviewer
Name: Kohli OSM **Phone**: +917993748762 **Requested On**: 09-Jan-2025 07:44:11 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