

Permit To Work Report - Blasting Work (Permit UID - APA/IAR/MYTPLD/BL/0001)

|  |   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
|--|---|---|--------------------------------------|---|--|---|--|---|---------------------------------------|--|--|---|---------------------|--|--|
| Type of permit                               | Blasting Work   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Name of project/<br>site                     | Site-I-A-R  |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Contractor<br>company                        | MyHome Testing Private Limited  |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Name of client/<br>contractor                | Raj Kumar Pativada  |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Work location                                |   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Scope of work                                | Rejected on Rev Approval flow   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Work permit start<br>date                    | 10/22/2024 12:00:00 AM  |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Work permit start<br>time                    | 10/25/2024 8:06:00 PM   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Work permit<br>close date                    | 10/29/2024 12:00:00 AM  |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Work permit<br>close time                    | 10/25/2024 11:30:00 PM  |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| No. of workers                               | 1   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Tools/<br>equipments to be<br>used           |   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Description of<br>work                       |   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Reference permit<br>no.                      |   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Hazards                                      | <table><tr><td>Fly Rock <input type="checkbox"/></td><td>Dust <input type="checkbox"/></td><td>Fumes <input type="checkbox"/></td><td>Toxic Gases <input type="checkbox"/></td></tr><tr><td>Miss-Fires <input type="checkbox"/></td><td>Explosion <input type="checkbox"/></td><td>Fire <input type="checkbox"/></td><td>Vibration <input type="checkbox"/></td></tr><tr><td>Noise <input type="checkbox"/></td><td colspan="3">Other Hazards :</td></tr></table>   |   |                                      | Fly Rock <input type="checkbox"/>         | Dust <input type="checkbox"/>                    | Fumes <input type="checkbox"/>          | Toxic Gases <input type="checkbox"/>     | Miss-Fires <input type="checkbox"/>         | Explosion <input type="checkbox"/>    | Fire <input type="checkbox"/>                | Vibration <input type="checkbox"/>                                   | Noise <input type="checkbox"/>                                  | Other Hazards :     |  |  |
| Fly Rock <input type="checkbox"/>            | Dust <input type="checkbox"/>   | Fumes <input type="checkbox"/>                                  | Toxic Gases <input type="checkbox"/> |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Miss-Fires <input type="checkbox"/>          | Explosion <input type="checkbox"/>  | Fire <input type="checkbox"/>                                   | Vibration <input type="checkbox"/>   |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Noise <input type="checkbox"/>               | Other Hazards :   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Precautions<br>taken                         | <table><tr><td>Licensed Blaster <input type="checkbox"/></td><td>Blasting NOC <input checked="" type="checkbox"/></td><td>Blasting Siren <input type="checkbox"/></td></tr><tr><td>HIRA Undertaken <input type="checkbox"/></td><td>Signage's Provided <input type="checkbox"/></td><td>Blasting SOP <input type="checkbox"/></td></tr><tr><td>Controlled Blasting <input type="checkbox"/></td><td>Separate Containers for<br/>Explosive &amp; ED's <input type="checkbox"/></td><td>Awareness on expected<br/>emergencies ? <input type="checkbox"/></td></tr><tr><td colspan="3">Other Precautions :</td></tr></table> |   |                                      | Licensed Blaster <input type="checkbox"/> | Blasting NOC <input checked="" type="checkbox"/> | Blasting Siren <input type="checkbox"/> | HIRA Undertaken <input type="checkbox"/> | Signage's Provided <input type="checkbox"/> | Blasting SOP <input type="checkbox"/> | Controlled Blasting <input type="checkbox"/> | Separate Containers for<br>Explosive & ED's <input type="checkbox"/> | Awareness on expected<br>emergencies ? <input type="checkbox"/> | Other Precautions : |  |  |
| Licensed Blaster <input type="checkbox"/>    | Blasting NOC <input checked="" type="checkbox"/>  | Blasting Siren <input type="checkbox"/>                         |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| HIRA Undertaken <input type="checkbox"/>     | Signage's Provided <input type="checkbox"/>   | Blasting SOP <input type="checkbox"/>                           |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Controlled Blasting <input type="checkbox"/> | Separate Containers for<br>Explosive & ED's <input type="checkbox"/>  | Awareness on expected<br>emergencies ? <input type="checkbox"/> |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Other Precautions :                          |   |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |
| Toolbox talks                                | {ToolboxTalks}  |   |                                      |   |  |   |  |   |                                       |  |  |   |                     |  |  |

|                       |   |   |  |
|-----------------------|---|---|--|
| PPEs                  | Safety Shoes <input type="checkbox"/>   | Ear Plugs / Muffs <input type="checkbox"/>    | Reflective Vest <input type="checkbox"/> |
|                       | Hand Gloves <input type="checkbox"/>  | Nose Mask <input checked="" type="checkbox"/> | Goggles <input type="checkbox"/>         |
|                       | Other PPEs :  |   |  |
| Safety considerations | The blaster must possess a valid license.   |   | No                                       |
|                       | Explosive to be transported in road, in an Explosive van.   |   | NA                                       |
|                       | Explosive should not be carried in the same vehicle with detonators.  |   | No                                       |
|                       | Vehicle should be equipped with a non-sparking metal or wooden floor.   |   | Yes                                      |
|                       | 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/holder   | Issuer   | Approver   | Reviewer   |
|--|--|--|--|
| <b>Name:</b> Raj Kumar Pativada<br><b>Phone:</b> +919160948627<br><b>Requested On:</b> 22-Oct-2024 02:14:14 PM | <b>Name:</b> Issuer Sanyam Chaurasia<br><b>Phone:</b> +919137052286<br><b>Issued On:</b> 22-Oct-2024 02:18:22 PM | <b>Name:</b> Approver Abhilash K (real number)<br><b>Phone:</b> +919014260328<br><b>Approved On:</b> 22-Oct-2024 02:32:29 PM | <b>Name:</b> Sayan M NEW<br><b>Phone:</b> +913333333333<br><b>Reviewed On:</b> 22-Oct-2024 02:36:07 PM |