Doc No: MHCPL-EHS-PTW-12



Permit To Work Report - Excavation Work (Permit UID - APA/LA2/LIKEGH/EX/0001)

Type of permit	Excavation Work				
Name of project/ site	Lalit's test site 002				
Contractor company	Abc Constructions				
Name of client/ contractor	Test User laLIT - LIKEGH				
Work location					
Users involved					
Other users involved					
Scope of work					
Work permit start date	11/22/2024 12:00:00 AM				
Work permit start time	11/22/2024 12:03:00 PM				
Work permit close date	11/22/2024 12:00:00 AM				
Work permit close time	11/22/2024 10:00:00 PM				
No. of workers	NA				
Tools/ equipments to be used					
Description of work					
Reference permit no.					
Location	NA				
Hazards	Cave-In's □	Falls into Excavation	Soil Contamination	Person Falls □	
	Electrical Shock □	Hit by Vehicle □	Dust □	Damage to Utilities □	
	Water Ingression □	Other Hazards :			

Precautions								
taken	Other Precautions :	utions : Good Access / Egress Maintained Slope Angle		1				
	Edge Barricading □	HIRA Undertaken □	Good Housekeeping □					
	Ladder Provided □	Deep-Excavation Signage's □	Awareness on expected emergencies ? □					
Toolbox talks	{ToolboxTalks}							
PPEs								
	Safety Helmet □	Safety Shoes	H.V. Vest □					
	Gum Boots □	Ankle Press Button shoes □	Goggles □					
	Other PPE's :							
Safety								
considerations	Make sure the excavated area shall be barricaded and place appropriate signage near the excavation.							
	Excavation shall be carried out under the guidance of a competent person as per engineers drawing.							
	Job specific training shall be carried out for the work force involved in the excavation activity by site safety person.							
	Excavated soil shall be placed 2m away from the excavation pit.							
	Communication between operator and flagman shall be visible and audible with adequate lighting during night work.							
	All the employees, operators and workforce shall use PPE.							
	Any other requirement (If Yes, please specify): Emergency exit are available. Emergency vehicle and First-aid provider shall be assured during the work.							

Approval and authorization

Requestor/holder	Issuer	Approver	Reviewer
Name: Test User laLIT - LIKEGH	Name: NA	Name: NA	Name: NA
Phone: +9199599933621	Phone: NA	Phone: NA	Phone: NA
Requested On: 22-Nov-2024 12:03:44 PM	Issued On: NA	Approved On: NA	Reviewed On: NA