



Doc No: MHCPL-EHS-PTW-10

Permit To Work Report - Night Work (Permit UID - APA/LAL/ABCCON/NW/0002)

Permit Information

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Night Work	Lalit's Test Site 001	Abc Constructions	Raj Kumar Pativada

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	0	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections

Hazards

Falling Objects <input type="checkbox"/>	Hardhacks <input type="checkbox"/>	Fatigue <input type="checkbox"/>	Low Visibility <input type="checkbox"/>
Stress <input type="checkbox"/>	Drowsy <input type="checkbox"/>	Improper Monitoring <input type="checkbox"/>	Person Falls <input type="checkbox"/>
Depression <input type="checkbox"/>	Other Hazards:		

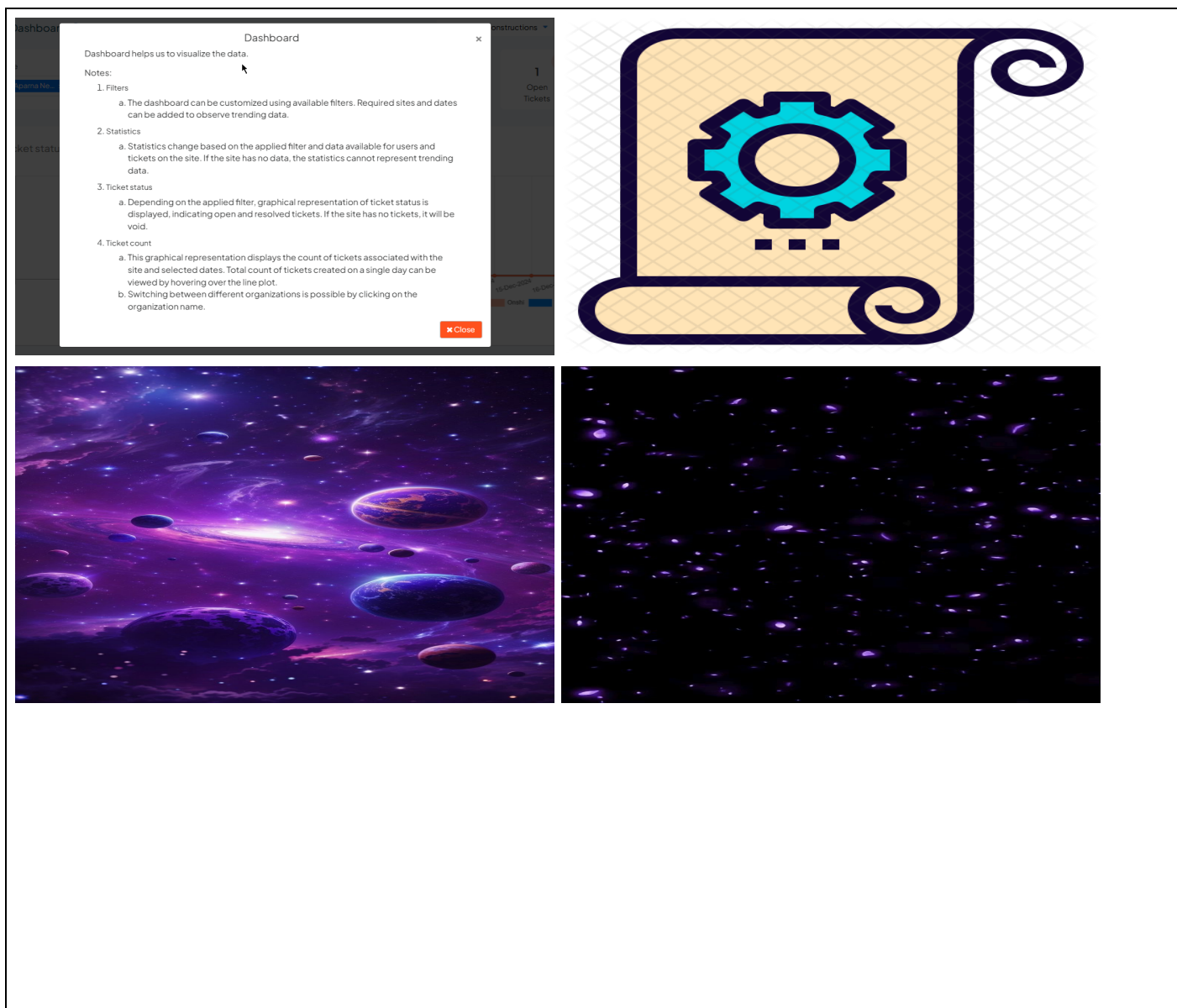
Precautions Taken

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

Toolbox Talks

Topics discussed:	Attach photo: 4
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Attachments
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#### Job Specific PPEs

Safety Helmet <input type="checkbox"/>	Safety Shoes <input type="checkbox"/>	Full Body Harness <input type="checkbox"/>	Cover All <input type="checkbox"/>
High Visibility vest <input type="checkbox"/>	Other PPEs:		

#### Safety Considerations

Is sufficient Illumination to be provided?: <b>No</b>	Is security notified of night work?: <b>No</b>	Is medical aid resources available?: <b>No</b>	Availability & Use of PPE's.: <b>No</b>
Proper Housekeeping to be done on daily basis.: <b>No</b>	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.: <b>No</b>	Use of Full body harness with double lanyard & life line or anchor point.(while doing hot work at height): <b>No</b>	

#### Approval and authorization

Requestor	Issuer	Approver	Reviewer
<b>Name:</b> Raj Kumar Pativada <b>Phone:</b> +919160948627 <b>Requested On:</b> 09-Jan-2025 07:33:29 PM	<b>Name:</b> NA <b>Phone:</b> NA <b>Issued On:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Approved On:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Reviewed On:</b> NA

#### Permit To Work History

NA

Created On	Created By	Comment	Attachments
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