



Doc No: MHCPL-EHS-PTW-10

Permit To Work Report - Night Work (Permit UID - APA/LAL/ABCCON/NW/0004)

Permit Information

| Type of permit | Name of project/site | Contractor company | Name of client/contractor |
|----------------|-----------------------|--------------------|---------------------------|
| Night Work | Lalit's Test Site 001 | Abc Constructions | Lalit 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 7:39:00 PM / 1/9/2025 9:00:00 PM | Reference permit no. | |
| No. of workers | NA | Tools/ equipment to be used | |
| Scope of work | | | |
| Description of work | | | |

Sections

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

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

| | |
|-------------------|-----------------|
| Topics discussed: | Attach photo: 0 |
|-------------------|-----------------|

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

| | | | |
|---|---|--|--|
| Is sufficient Illumination to be provided?: NA | Is security notified of night work?: No | Is medical aid resources available?: No | Availability & Use of PPE's.: Yes |
| 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.: Yes | Use of Full body harness with double lanyard & life line or anchor point.(while doing hot work at height): NA | |

Approval and authorization

| Requestor | Issuer | Approver | Reviewer |
|---|---|---|---|
| Name: Lalit Requestor Phone: +919999999990 Requested On: 09-Jan-2025 07:39:54 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 |
|------------|------------|---------|-------------|
|------------|------------|---------|-------------|