



Doc No: MHCPL-EHS-PTW-12

Permit To Work Report - Excavation Work (Permit UID - APA/LAL/LIKEGH/EX/0002)

Type of permit	Excavation Work															
Name of project/ site	Lalit's Test Site 001															
Contractor company	Abc Constructions															
Name of client/ contractor	Raj Kumar Pativada															
Work location	Hyderabad															
Scope of work	scope of work in site or block															
Work permit start date	11/16/2024 12:00:00 AM															
Work permit start time	11/15/2024 7:15:00 AM															
Work permit close date	11/16/2024 12:00:00 AM															
Work permit close time	11/15/2024 11:30:00 PM															
No. of workers	10															
Tools/ equipments to be used	equipment & tools,ect...															
Description of work	Testing															
Reference permit no.																
Location	NA															
Hazards	<table><tr><td>Cave-In's <input checked="" type="checkbox"/></td><td>Falls into Excavation <input checked="" type="checkbox"/></td><td>Soil Contamination <input checked="" type="checkbox"/></td><td>Person Falls <input checked="" type="checkbox"/></td></tr><tr><td>Electrical Shock <input checked="" type="checkbox"/></td><td>Hit by Vehicle <input checked="" type="checkbox"/></td><td>Dust <input checked="" type="checkbox"/></td><td>Damage to Utilities <input checked="" type="checkbox"/></td></tr><tr><td>Water Ingression <input checked="" type="checkbox"/></td><td colspan="3">Other Hazards :</td></tr></table>				Cave-In's <input checked="" type="checkbox"/>	Falls into Excavation <input checked="" type="checkbox"/>	Soil Contamination <input checked="" type="checkbox"/>	Person Falls <input checked="" type="checkbox"/>	Electrical Shock <input checked="" type="checkbox"/>	Hit by Vehicle <input checked="" type="checkbox"/>	Dust <input checked="" type="checkbox"/>	Damage to Utilities <input checked="" type="checkbox"/>	Water Ingression <input checked="" type="checkbox"/>	Other Hazards :		
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Precautions taken	Other Precautions :	Good Access / Egress <input checked="" type="checkbox"/>	Maintained Slope Angle <input checked="" type="checkbox"/>
	Edge Barricading <input checked="" type="checkbox"/>	HIRA Undertaken <input checked="" type="checkbox"/>	Good Housekeeping <input checked="" type="checkbox"/>
	Ladder Provided <input checked="" type="checkbox"/>	Deep-Excavation Signage's <input checked="" type="checkbox"/>	Awareness on expected emergencies ? <input checked="" type="checkbox"/>
Toolbox talks	{ToolboxTalks}		
PPEs	Safety Helmet <input checked="" type="checkbox"/>	Safety Shoes <input checked="" type="checkbox"/>	H.V. Vest <input checked="" type="checkbox"/>
	Gum Boots <input checked="" type="checkbox"/>	Ankle Press Button shoes <input checked="" type="checkbox"/>	Goggles <input checked="" type="checkbox"/>
	Other PPE's :		
Safety considerations	Make sure the excavated area shall be barricaded and place appropriate signage near the excavation.		Yes
	Excavation shall be carried out under the guidance of a competent person as per engineers drawing.		No
	Job specific training shall be carried out for the work force involved in the excavation activity by site safety person.		Yes
	Excavated soil shall be placed 2m away from the excavation pit.		NA
	Communication between operator and flagman shall be visible and audible with adequate lighting during night work.		No
	All the employees, operators and workforce shall use PPE.		NA
	Any other requirement (If Yes, please specify): Emergency exit are available. Emergency vehicle and First-aid provider shall be assured during the work.		NA

Approval and authorization

Requestor/holder	Issuer	Approver	Reviewer
Name: Raj Kumar Pativada Phone: +919160948627 Requested On: 16-Nov-2024 01:47:56 AM	Name: Lalit Aditya - LIKEGH Phone: +919959993362 Issued On: 16-Nov-2024 01:48:40 AM	Name: Kona Sai Prashanth Phone: +917993748762 Approved On: 16-Nov-2024 01:49:18 AM	Name: Prashanth 8888 Phone: +919573313524 Reviewed On: 16-Nov-2024 01:50:01 AM

Extension UID: JK0XI9

Extension Conditions	
Is sufficient Illumination to be provided	Yes
Is security notified of night work	No
Is medical aid resources available	Yes
Availability & Use of PPE?s	No
Proper Housekeeping to be done on daily basis	NA
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).	Yes

Requested	Issued	Approved	Reviewed
Name: Raj Kumar Pativada Mobile: +919160948627 Requested On: 16-Nov-2024 01:50:54 AM Duration: 4 hour(s)	Name: Lalit Aditya - LIKEGH Mobile: +919959993362 Issued On: 16-Nov-2024 01:52:00 AM Duration: 3 hour(s)	Name: Kona Sai Prashanth Mobile: +917993748762 Approved On: 16-Nov-2024 01:53:12 AM Duration: 5 hour(s)	Name: Prashanth 8888 Mobile: +919573313524 Reviewed On: 16-Nov-2024 01:53:54 AM Duration: 5 hour(s)