



Doc No: MHCPL-EHS-PTW-10

**Permit To Work Report - Night Work (Permit UID - APA/LAX/ABCCON/NW/0001)**

**Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Night Work	Lalit-test site	Abc Constructions	Lalit Requestor

**Work Information**

Start date / Close Date	2/21/2025 12:00:00 AM / 2/21/2025 12:00:00 AM	Work location	
Start time / End time	2/28/2025 2:18:00 PM / 2/28/2025 10:00:00 PM	Reference permit no.	
No. of workers	NA	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:		

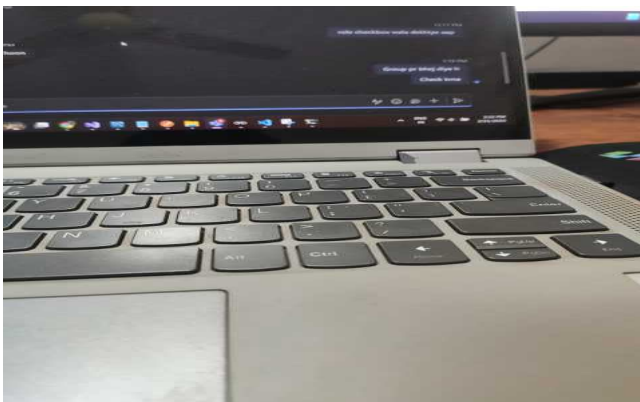
**Precautions Taken**

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: safety	Attach photo: 1
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**Attachments**



**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"/>			

**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>
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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>
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#### Approval and authorization

Requestor_Trial-1	Issuer_Trial-2	Approver_Trial-3	Reviewer_Trial-4
<b>Name:</b> Lalit Requestor <b>Phone:</b> +919959993362 <b>Requested On:</b> 21-Feb-2025 02:18:13 PM	<b>Name:</b> Aditya Chakraborty <b>Phone:</b> +917439381194 <b>Issued On:</b> 21-Feb-2025 02:19:29 PM	<b>Name:</b> Ram Kumar <b>Phone:</b> +918984460956 <b>Approved On:</b> 21-Feb-2025 02:20:42 PM	<b>Name:</b> Sayan Reviewer <b>Phone:</b> +917474747474 <b>Reviewed On:</b> 21-Feb-2025 02:22:16 PM

#### Extension UID: TUTCTT

Extension Conditions	
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>

Requested	Issued	Approved	Reviewed
<b>Name:</b> Lalit Requestor <b>Mobile:</b> +919959993362 <b>Requested On:</b> 21-Feb-2025 02:25:01 PM <b>Duration:</b> 4 hour(s)	<b>Name:</b> Aditya Chakraborty <b>Mobile:</b> +917439381194 <b>Issued On:</b> 21-Feb-2025 02:26:47 PM <b>Duration:</b> 4 hour(s)	<b>Name:</b> Ram Kumar <b>Mobile:</b> +918984460956 <b>Approved On:</b> 21-Feb-2025 02:38:49 PM <b>Duration:</b> 4 hour(s)	<b>Name:</b> Sayan Reviewer <b>Mobile:</b> +917474747474 <b>Reviewed On:</b> 21-Feb-2025 03:29:24 PM <b>Duration:</b> 4 hour(s)

#### Permit To Work Closure

Check 1 <input type="checkbox"/>	Check 2: NA	Check 4: <b>No</b>	Check 6 <input type="checkbox"/>
Check 7: 0			
Check 3:	Check 5:		

#### Permit To Work History

Created On	Created By	Comment	Attachments
21-Feb-2025 03:29:24 PM	Sayan Reviewer	The status has changed to Extension Reviewed -11.	
21-Feb-2025 02:41:53 PM	Ram Kumar	The status has changed to Extension Approved -12. Assigned Reviewer: Sayan Reviewer	
21-Feb-2025 02:38:49 PM	Ram Kumar	The status has changed to Extension Approved -12. Assigned Reviewer: Sayan Reviewer	
21-Feb-2025 02:26:47 PM	Aditya Chakraborty	The status has changed to Extension Issued -10. Assigned Approver: Ram Kumar	
21-Feb-2025 02:25:01 PM	Lalit Requestor	The status has changed to Extension Requested -9. Assigned Issuer: Aditya Chakraborty Duration: 4 hour(s).	
21-Feb-2025 02:22:16 PM	Sayan Reviewer	The status has changed to Reviewed -4.	
21-Feb-2025 02:22:16 PM	Sayan Reviewer	Section: Toolbox Talks Topics discussed - safety Attach photo - 1	
21-Feb-2025 02:20:42 PM	Ram Kumar	The status has changed to Approved -1. Assigned Reviewer: Sayan Reviewer	
21-Feb-2025 02:19:29 PM	Aditya Chakraborty	The status has changed to Issued -2. Assigned Approver: Ram Kumar	

21-Feb-2025 02:18:13 PM	Lalit Requestor	The status has changed to Requested -3. Assigned Issuer: Aditya Chakraborty	
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