



Doc No: MHCPL-EHS-PTW-10

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

Permit Information

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Night Work	Silver Hills	Abc Constructions	Abhinav Requester

Work Information

Start date / Close Date	2/19/2025 12:00:00 AM / 2/20/2025 12:00:00 AM	Work location	
Start time / End time	2/19/2025 8:22:00 PM / 2/19/2025 6:00:00 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?: No	Is security notified of night work?: No	Is medical aid resources available?: No	Availability & Use of PPE's.: No
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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.: No	Use of Full body harness with double lanyard & life line or anchor point.(while doing hot work at height): No
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Approval and authorization

Requestor	Issuer	Approver	Reviewer
Name: Abhinav Requester Phone: +917903770676 Requested On: 19-Feb-2025 08:23:19 PM	Name: Sagar Issuer Phone: +918374379502 Issued On: 19-Feb-2025 08:26:13 PM	Name: Ram Kumar Phone: +918984460956 Approved On: 19-Feb-2025 08:28:13 PM	Name: Sayan Reviewer Phone: +919898989898 Reviewed On: 19-Feb-2025 08:31:43 PM

Extension UID: 2963LV

Extension Conditions

Requested	Issued	Approved	Reviewed
Name: Abhinav Requester Mobile: +917903770676 Requested On: 19-Feb-2025 08:37:39 PM Duration: 4 hour(s)	Name: Mobile: Issued On: NA Duration: NA hour(s)	Name: Mobile: Approved On: NA Duration: NA hour(s)	Name: Mobile: Reviewed On: NA Duration: NA hour(s)

Permit To Work History

Created On	Created By	Comment	Attachments
19-Feb-2025 08:37:39 PM	Abhinav Requester	The status has changed to Extension Requested. Assigned Issuer: Sagar Issuer Duration: 4 hour(s).	
19-Feb-2025 08:31:43 PM	Sayan Reviewer	The status has changed to Reviewed.	
19-Feb-2025 08:31:42 PM	Sayan Reviewer	Section: Toolbox Talks Topics discussed - safety Attach photo - 1	
19-Feb-2025 08:28:13 PM	Ram Kumar	The status has changed to Approved. Assigned Reviewer: Sayan Reviewer	
19-Feb-2025 08:26:13 PM	Sagar Issuer	The status has changed to Issued. Assigned Approver: Ram Kumar	
19-Feb-2025 08:23:19 PM	Abhinav Requester	The status has changed to Requested. Assigned Issuer: Sagar Issuer	