



Doc No: MHCPL-EHS-PTW-10

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

Permit Information

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Night Work	Sports ground	Abc Constructions	Raj Kumar Pativada

Work Information

Start date / Close Date	2/24/2025 12:00:00 AM / 2/25/2025 12:00:00 AM	Work location	
Start time / End time	2/25/2025 7:00:00 PM / 2/25/2025 11:00:00 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: 0
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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?: No	Is security notified of night work?: No	Is medical aid resources available?: No	Availability & Use of PPE's.: No
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	

Approval and authorization

Requestor_Trial-1	Issuer_Trial-2	Approver_Trial-3	Reviewer_Trial-4
Name: Raj Kumar Pativada Phone: +919160948627 Requested On: 24-Feb-2025 07:01:02 PM	Name: Lalit Issuer Phone: +917993748764 Issued On: 24-Feb-2025 07:05:25 PM	Name: Harsha THD Phone: +918555849483 Approved On: 24-Feb-2025 07:07:12 PM	Name: Sayan Reviewer Phone: +919898989898 Reviewed On: 24-Feb-2025 07:29:14 PM

Permit To Work Closure

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

Permit To Work History

Created On	Created By	Comment	Attachments
25-Feb-2025 10:12:57 AM	Harsha THD	Users involved are removed	
25-Feb-2025 10:12:57 AM	Harsha THD	The status has changed to Validation Approved -18.	
25-Feb-2025 10:09:33 AM	Lalit Issuer	Users involved are removed	
25-Feb-2025 10:09:32 AM	Lalit Issuer	The status has changed to Validation Issued -17. Assigned Approver: Harsha THD	
25-Feb-2025 10:07:17 AM	Raj Kumar Pativada	Users involved are removed	
25-Feb-2025 10:07:17 AM	Raj Kumar Pativada	Status changed to Validation Requested -14. No changes were made. Assigned Issuer: Lalit Issuer	
24-Feb-2025 07:29:14 PM	Sayan Reviewer	The status has changed to Reviewed -4.	
24-Feb-2025 07:07:12 PM	Harsha THD	The status has changed to Approved -1. Assigned Reviewer: Sayan Reviewer	
24-Feb-2025 07:05:25 PM	Lalit Issuer	The status has changed to Issued -2. Assigned Approver: Harsha THD	
24-Feb-2025 07:01:02 PM	Raj Kumar Pativada	The status has changed to Requested -3. Assigned Issuer: Lalit Issuer	