

Permit To Work Report - Blasting Work (Permit UID - APS/AKR/ABCTDB/BL/0007)

Type of permit	Blasting Work																						
Name of project/ site	Akrida																						
Contractor company	ABC PVT LTD																						
Name of client/ contractor	A. Bhavana																						
Work location	NA																						
Scope of work	NA																						
Work permit start date	7/26/2024 12:00:00 AM																						
Work permit start time	8/9/2024 8:53:00 AM																						
Work permit close date	7/26/2024 12:00:00 AM																						
Work permit close time	8/9/2024 6:00:00 PM																						
No. of workers	NA																						
Tools/ equipments to be used	NA																						
Description of work	NA																						
Reference permit no.	NA																						
Hazards	<table><tr><td>Fly Rock</td><td><input type="checkbox"/></td></tr><tr><td>Dust</td><td><input type="checkbox"/></td></tr><tr><td>Fumes</td><td><input type="checkbox"/></td></tr><tr><td>Toxic Gases</td><td><input type="checkbox"/></td></tr><tr><td>Miss-Fires</td><td><input type="checkbox"/></td></tr><tr><td>Explosion</td><td><input type="checkbox"/></td></tr><tr><td>Fire</td><td><input type="checkbox"/></td></tr><tr><td>Vibration</td><td><input type="checkbox"/></td></tr><tr><td>Noise</td><td><input type="checkbox"/></td></tr><tr><td>Other Hazards</td><td></td></tr></table>			Fly Rock	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Fumes	<input type="checkbox"/>	Toxic Gases	<input type="checkbox"/>	Miss-Fires	<input type="checkbox"/>	Explosion	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Vibration	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Other Hazards	
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Precautions taken	Other Precautions	
	Licensed Blaster	<input type="checkbox"/>
	Blasting NOC	<input type="checkbox"/>
	Blasting Siren	<input type="checkbox"/>
	HIRA Undertaken	<input type="checkbox"/>
	Signage's Provided	<input type="checkbox"/>
	Blasting SOP	<input type="checkbox"/>
	Controlled Blasting	<input type="checkbox"/>
	Separate Containers for Explosive & ED's	<input type="checkbox"/>
	Awareness on expected emergencies ?	<input type="checkbox"/>
Toolbox talks	Topics discussed: Test	
PPEs	Safety Helmet	<input checked="" type="checkbox"/>
	Safety Shoes	<input type="checkbox"/>
	Ear Plugs / Muffs	<input type="checkbox"/>
	Reflective Vest	<input type="checkbox"/>
	Hand Gloves	<input type="checkbox"/>
	Nose Mask	<input type="checkbox"/>
	Goggles	<input type="checkbox"/>
	Other PPEs	
Safety considerations	The blaster must possess a valid license.	No
	Explosive to be transported in road, in an Explosive van.	No
	Explosive should not be carried in the same vehicle with detonators.	No
	Vehicle should be equipped with a non-sparking metal or wooden floor.	No
	Do not use damaged/deteriorated explosives and accessories.	No
	No holes should be loaded except those that are to be fired in the next round of blasting. Holes loaded during one shift should be fired on the same shift.	No
	Post guards with red flags at a safe distance around the site to prevent persons approaching the danger area inadvertently while the shots are being fired.	No
	Ensure to handle miss-fires by authorised blaster.	No
	Carryout blasting is in day light hours only.	No
	All Blasting's should be controlled/muffed blasting's.	No

Approval and authorization

Contractor/ client (Requestor/holder)	Contractor safety officer (Issuer)	Client safety (Reviewer)	Client work/tower in-charge (Approver)
Name: A. Bhavana Phone: +3538967697371 Requested On: 25-Jul-2024 08:53:57 PM	Name: NA Phone: NA Issued On: NA	Name: NA Phone: NA Reviewed On: NA	Name: NA Phone: NA Approved On: NA
<p>Requestor: I accept the conditions stated on the permit & certify that all persons under my control will be made fully aware of the method statement, aspects/hazards as well as associated risks/control measures.</p> <p>Issuer: I hereby certify that the Checks/ precautionary measures as mentioned in the previous sections are confirmed. The permit requester has been informed of all the conditions stated in the SOP, aspects/hazards as well as associated risks/ control measures.</p> <p>Approver: I hereby certify that all the control measures have been verified and found complied, on job trainings have provided as required.</p> <p>Reviewer: I hereby certify that all the control measures have been verified and found complied, on job trainings have provided as required.</p>			