

Permit To Work Report - Hot Work (Permit UID - APS/AKR/AMBUJ/HW/0002)

Type of permit	Hot Work																		
Name of project/ site	Akrida																		
Contractor company	AMBUJA CEMENT																		
Name of client/ contractor	Gemini Edibles Fats India Limited																		
Work location																			
Scope of work																			
Work permit start date	8/30/2024 12:00:00 AM																		
Work permit start time	9/3/2024 12:41:00 PM																		
Work permit close date	8/30/2024 12:00:00 AM																		
Work permit close time	9/3/2024 6:00:00 PM																		
No. of workers	NA																		
Tools/ equipments to be used																			
Description of work																			
Reference permit no.																			
Hazards	<table><tr><td>Electrical Shock</td><td><input type="checkbox"/></td></tr><tr><td>Carbon Fumes</td><td><input type="checkbox"/></td></tr><tr><td>Arc Flash</td><td><input type="checkbox"/></td></tr><tr><td>Burns</td><td><input type="checkbox"/></td></tr><tr><td>Fire /Explosion</td><td><input type="checkbox"/></td></tr><tr><td>Person Fall</td><td><input type="checkbox"/></td></tr><tr><td>Equipment Fall</td><td><input type="checkbox"/></td></tr><tr><td>Other Hazards</td><td></td></tr></table>			Electrical Shock	<input type="checkbox"/>	Carbon Fumes	<input type="checkbox"/>	Arc Flash	<input type="checkbox"/>	Burns	<input type="checkbox"/>	Fire /Explosion	<input type="checkbox"/>	Person Fall	<input type="checkbox"/>	Equipment Fall	<input type="checkbox"/>	Other Hazards	
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Precautions taken	Isolation	<input type="checkbox"/>
	LOTO Applied	<input type="checkbox"/>
	Isolation Switch Available	<input type="checkbox"/>
	Cordoned Area	<input type="checkbox"/>
	HIRA Undertaken	<input type="checkbox"/>
	Signage's Provided	<input type="checkbox"/>
	SOP	<input type="checkbox"/>
	Grounding Provided	<input type="checkbox"/>
	ELCB / RCCB Provided	<input type="checkbox"/>
	Awareness on expected emergencies ?	<input type="checkbox"/>
	Other Precautions:	
Toolbox talks	<b>Topics discussed:</b> hgdhh	
PPEs	Safety Helmet	<input type="checkbox"/>
	Safety Shoes	<input type="checkbox"/>
	Full Body Harness	<input type="checkbox"/>
	Cover All	<input type="checkbox"/>
	Welding Face Shield	<input type="checkbox"/>
	Leather Hand Gloves	<input type="checkbox"/>
	Leather Apron	<input type="checkbox"/>
	UV Protection Shield	<input type="checkbox"/>
	Other PPE's	

Safety considerations	Has the area at the work location been cleared of all the combustible materials & any other lubricants etc?	No
	Has a flashback arrestor at both sides (cylinder & torch) been provided to the gas-cutting set?	No
	Have Suitable Fire Extinguishers/sand buckets been kept handy at the work site?	No
	Have Welding Screen (Yellow) / wet gunny bag/fire blanket been used to protect against sparks?	No
	Vertical clearance. (at least 2 meters above the platform) (Supervision should be provided if sufficient clearance is not available)	No
	Is barricading being provided below while doing work at height?	No
	Is the gas-cutting cylinder checked for any leakages?	No
	Are the gas cylinders secured in a trolley using chains?	No
	Do all workers involved in hot work have proper training on safety procedures and equipment use?	No
	Do welding machines have ELCB/RCCB and proper earthing?	No
	Availability and use of PPEs. (Mandatory PPE + Leather Apron, Welding Face Shield, Leather Hand Gloves)	No
	Use of Full body harness with double lanyard & lifeline or anchor point.(while doing hot work at height)	No
	Any other requirement (If Yes, please specify): Emergency exits are available, and Emergency vehicle and First-aid providers shall be assured during the work The Main Isolation Switch location is known to All Shock Treatment chart is available and is understood through TBT.	No

### Approval and authorization

Contractor/ client (Requestor/holder)	Contractor safety officer (Issuer)	Client work/tower in-charge (Approver)	Client safety (Reviewer)
<b>Name:</b> Gemini Edibles Fats India Limited <b>Phone:</b> +919160948627 <b>Requested On:</b> 02-Sep-2024 05:50:02 PM	<b>Name:</b> NA <b>Phone:</b> NA <b>Issued On:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Approved On:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Reviewed On:</b> NA
<p><b>Requestor:</b> I accept the conditions stated on the permit &amp; 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><b>Issuer:</b> 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><b>Approver:</b> I hereby certify that all the control measures have been verified and found complied, on job trainings have provided as required.</p> <p><b>Reviewer:</b> I hereby certify that all the control measures have been verified and found complied, on job trainings have provided as required.</p>			

