

Permit To Work Report - Work At Height (Permit UID - COM/COM/GROWUS/WH/0002)**Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Work At Height	Comer Industries	Growus auto india pvt ltd	Prashanth -Requestor

Work Information

Start date / Close Date	03-Apr-2025 / 03-Apr-2025	Work location	tgb
Start time / End time	05:49:00 PM / 11:59:00 PM	Reference permit no.	
No. of workers	1234	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections**Hazards**

Fatigue <input type="checkbox"/>	Falling Objects <input type="checkbox"/>	Fall of Person <input type="checkbox"/>	Unsafe Working Platform <input type="checkbox"/>
Improper Handling of Materials <input type="checkbox"/>	Scaffold Collapse <input type="checkbox"/>	Slip, Trip & Fall <input type="checkbox"/>	Poor Housekeeping <input type="checkbox"/>
Other Hazards:			

Precautions Taken

LOTO Applied <input type="checkbox"/>	Area Barricading <input type="checkbox"/>	Safe Working Platform <input type="checkbox"/>	Adequate Illumination <input type="checkbox"/>
HIRA Undertaken <input type="checkbox"/>	Good Housekeeping <input type="checkbox"/>	Provided Safety Nets <input type="checkbox"/>	Proper Supervision <input type="checkbox"/>
Safe Access / Egress <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	Other Precautions:	

Toolbox Talks

Topics discussed:	Attach photo: 0
-------------------	-----------------

Job Specific PPEs

Safety Helmet <input type="checkbox"/>	Safety Shoes <input type="checkbox"/>	Full Body Harness <input type="checkbox"/>	Cover All <input type="checkbox"/>
Cotton Hand Gloves <input type="checkbox"/>	Fall Arrestor <input type="checkbox"/>	Goggles <input type="checkbox"/>	Face Shield <input type="checkbox"/>
Other PPE's:			

Safety Considerations

Ensure to follow all the safety guidelines for height work.: No	Ensure to protect below the 'work at height' area.: No	Make sure to use Appropriate PPE.: No	Make sure to provide Training to work force.: No
Fall arrest system to be provided for the suspended work platform.: No	Make sure to provide signboards.: NA	Make sure to do Housekeeping & Provide TBT to entire Workforce.: No	Make sure to use proper handling of tools.: No
Don't keep loose materials on the working platform.: No			

Approval and authorization

Requester	Issuer	Approver	Reviewer
Name: Prashanth -Requestor Phone: +918787878787 Time: 03-Apr-2025 05:50:18 PM	Name: NA Phone: NA Time: NA	Name: NA Phone: NA Time: NA	Name: NA Phone: NA Time: NA

Permit To Work History

Created On	Created By	Comment	Attachments
03-Apr-2025 05:50:18 PM	Prashanth -Requestor	The status has changed to Requested. Assigned Issuer: Prashanth -Issuer	