

Permit To Work Report - Confined Space (Permit UID - FBD/HYD/EQUIPM/CS/0001)**Permit Information**

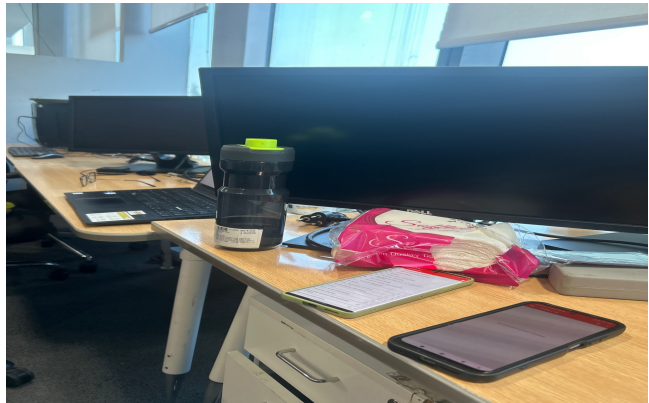
Type of permit	Name of project/site	Contractor company	Name of client/contractor
Confined Space	Hyderabad	Equipments Spares	Requestor 1

Work Information

Start date / Close Date	18-Nov-2025 / 18-Nov-2025	Work location	location
Start time / End time	04:29:00 PM / 05:30:00 PM	Reference permit no.	53yey
No. of workers	9	Tools/ equipment to be used	5
Scope of work	scope		
Description of work	description		

Sections**Tools / Equipments to be Used**

Welding Machine Set <input type="checkbox"/>	Cutting Machine Set <input type="checkbox"/>	Brazing Set <input type="checkbox"/>	Cable Extension Board <input checked="" type="checkbox"/>
Compressed Gas <input checked="" type="checkbox"/>	Flammable Gas <input type="checkbox"/>	Grinding Machine Set <input checked="" type="checkbox"/>	Others (Please specify): tets

Attachments

[VID_20251118_162956767_2025-11-18_11-00-27-027_2dc10487-0486-4b34-b473-b8c20a1aaa16.mp4](#)

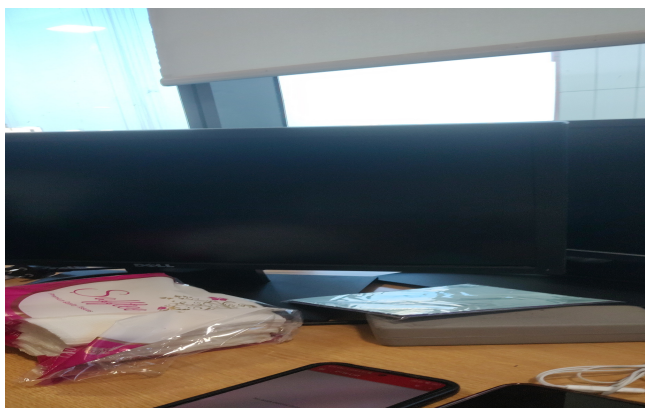
Hazards Identified (Mandatory)

Lack of Visibility <input type="checkbox"/>	Sharp Edges <input checked="" type="checkbox"/>	Slip, Trip & Fall <input type="checkbox"/>	Lone work <input type="checkbox"/>
Any Liquids (Water, Chemical/Oil) <input checked="" type="checkbox"/>	Toxic Gases <input type="checkbox"/>	Flammable Liquids <input checked="" type="checkbox"/>	Flammable Gas <input type="checkbox"/>
Lack of Oxygen <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	Others: others	

Isolation

Type of Isolation: NA	Fuse removed <input type="checkbox"/>	Isolator put off & locked <input type="checkbox"/>	Tested Non-operative <input type="checkbox"/>
Tagout to be Done <input checked="" type="checkbox"/>	Depressurized <input type="checkbox"/>	Blind to be Provide in Pipes <input type="checkbox"/>	Lock and Tag out of Key valves <input type="checkbox"/>
Valve closed & Tagged <input checked="" type="checkbox"/>	Line Blanked <input type="checkbox"/>	Line Disconnected <input type="checkbox"/>	Material drained <input checked="" type="checkbox"/>
Flushed and Blind Provided <input type="checkbox"/>	Certified by: dhdhshlgdsggs	Date/time: dhdhdhdh	

Attachments



PPE to be Used (Mandatory)

Safety Shoes <input checked="" type="checkbox"/>	Goggles/Chemical splash proof goggles <input type="checkbox"/>	Ear Plugs/ Ear muffs <input type="checkbox"/>	Self Contained Breathing Apparatus <input checked="" type="checkbox"/>
Safety Helmet <input type="checkbox"/>	Full Body Harness Safety Belt with Double lanyard <input type="checkbox"/>	Apron/ Leather jacket/ Specific PVC suit <input checked="" type="checkbox"/>	Mask/ Respirators <input type="checkbox"/>
Gloves(Cut Resistant, Cryogenic, Cotton etc) <input type="checkbox"/>	Others: NA		

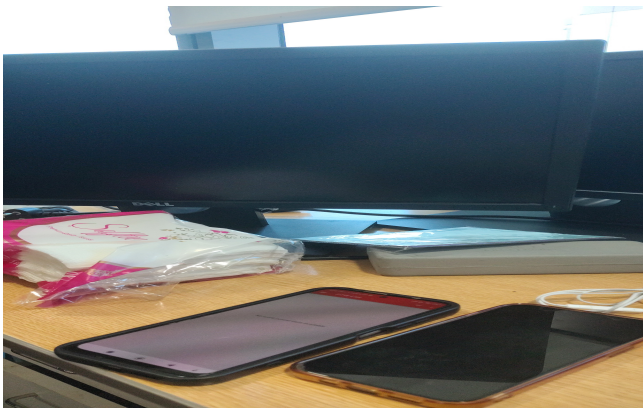
Attachments



Precautions Checklist

Flame proof 24 Volts lamp provided: Yes	Air ventilation-Forced: NA	Caution board displayed: No	Escape tools-tripod stand provided: No
Source of Communication - Walkie Talkie: NA	Energy Isolation: No	Permissible limit of Ingress and Egress: No	Lockout and Tagout : Yes
Electrical Wire/ Cable checked (No Joints/No Damaged Cables): No	Non sparking tools provided: No	Restriction of Mobile phones: Yes	O2= 19.5-23.5%; Enter Initial Value:___: gg
Permissible limit LEL checking: _____: ggg	Entrant Name: ggg	Attendant Name: gh	Entry Supervisor Name: gg
Others: gh			

Attachments



Food Safety Measures Required (Quality-Incharge)

Area work covered to prevent cross /foreign matter contamination <input checked="" type="checkbox"/>	Process Equipments / Containers covered <input type="checkbox"/>	All finished Goods /Raw materials/Equipments to be removed <input type="checkbox"/>	Hot work (welding/drilling/cutting) not allowed during line running <input checked="" type="checkbox"/>
Post completion all materials /equipments /PPE's to be removed to prevent foreign matter contamination <input checked="" type="checkbox"/>	Opening holes closed after any work <input type="checkbox"/>		

Attachments



Approval and authorization

Requestor	Area In Charge	Quality In Charge	Safety In charge
Name: Requestor 1 Phone: +919999999990 Time: 18-Nov-2025 04:34:28 PM	Name: Issuer 1 Phone: +919999999991 Time: 18-Nov-2025 04:36:14 PM	Name: NA Phone: NA Time: NA	Name: NA Phone: NA Time: NA

Permit To Work History

Created On	Created By	Comment	Attachments
18-Nov-2025 04:36:14 PM	Issuer 1	The status has changed to Accepted. Assigned Quality In Charge: Requestor 1	
18-Nov-2025 04:34:29 PM	Requestor 1	A new record was created: Permit To Work Uid set to 'FBD/HYD/EQUIPM/CS/0001' Site set to 'Hyderabad' Type Of Permit set to 'Confined Space'	
18-Nov-2025 04:34:28 PM	Requestor 1	The status has changed to Requested. Assigned Area In Charge: Issuer 1	