

Permit To Work Report - Concrete Work (Permit UID - MHC/GRR/MADHAV/CW/0017)**Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Concrete Work	Grava Residences	Madhavi Infra Pvtld	Prashanth My home

Work Information

Start date / Close Date	26-Nov-2025 / 27-Nov-2025	Work location	
Start time / End time	11:32:00 AM / 12:05:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections**Hazards**

Contact with Eyes <input checked="" type="checkbox"/>	Skin Contact <input type="checkbox"/>	Inhalation <input type="checkbox"/>	Electrical Shock <input checked="" type="checkbox"/>
Hit by Vehicle <input checked="" type="checkbox"/>	Scaffold Collapse <input checked="" type="checkbox"/>	Slip, Trip & Fall <input checked="" type="checkbox"/>	Hit by Boom <input checked="" type="checkbox"/>
Other Hazards: NA			

Precautions Taken

Good Access / Egress <input type="checkbox"/>	Scaffolding & working Platform <input checked="" type="checkbox"/>	Adequate illumination <input type="checkbox"/>	HIRA Undertaken <input checked="" type="checkbox"/>
Good Housekeeping <input checked="" type="checkbox"/>	Ladder Provided <input checked="" type="checkbox"/>	Mobile Scaffolding <input checked="" type="checkbox"/>	Awareness on expected emergencies ? <input checked="" type="checkbox"/>
Other Precautions: NA			

Toolbox Talks

Topics discussed: NA	Attach photo: NA
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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 checked="" type="checkbox"/>
Rubber Hand Gloves <input type="checkbox"/>	Gum Boots <input checked="" type="checkbox"/>	Goggles <input checked="" type="checkbox"/>	Face Shield <input type="checkbox"/>
Other PPE's: NA			

Safety Considerations

Required fall protection systems in place.: No	Workers using required fall protection systems.: No	Hoisting and rigging operations performed in a safe manner.: No	Guardrails in place and secure.: No
Rebar ends capped to prevent impaling.: No	Wearing safety glasses or goggles when pouring concrete?: No	Concrete washout water, collection, containment, disposal.: No	All workers have received basic Hazard Communication training?: No
MSDSs are available on the site for cement and related products used?: No	ELCB/RCCB provided for Needle Vibrators?: No	Proper Edge protection provided in concrete area?: No	All vibrators/lights electrical cables laid above 7' (feet) height?: No
Proper Access/egress provided in concrete pour area?: No	Is Proper Bracing provide for slab supporting props/Posts?: No	Is Eye Wash area provided near to concrete poring area?: No	Verification of Pumping equipment's are inspected prior to start?: No

Approval and authorization

Requester	Approver	Authorizer
Name: Prashanth My home Phone: +911616161616 Time: 26-Nov-2025 11:33:13 AM	Name: NA Phone: NA Time: NA	Name: NA Phone: NA Time: NA

Permit To Work History

Created On	Created By	Comment	Attachments
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26-Nov-2025 11:33:14 AM	Prashanth My home	A new record was created: Permit To Work Uid set to 'MHC/GRR/MADHAV/CW/0017' Site set to 'Grava Residences' Type Of Permit set to 'Concrete Work'	
26-Nov-2025 11:33:13 AM	Prashanth My home	The status has changed to Requested. Assigned Approver: Prashanth -2	