



Doc No: MHCPL-EHS-PTW-15

Permit To Work Report - Concrete Work (Permit UID - MPT/AMBUJA/CW/0001)

Permit Information

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Concrete Work	Grava	Ambuja Cement	Raj Kumar Pativada

Work Information

Start date / Close Date	7/1/2024 12:00:00 AM / 7/1/2024 12:00:00 AM	Work location	test
Start time / End time	3/20/2025 5:46:00 PM / 3/20/2025 6:00:00 PM	Reference permit no.	1234
No. of workers	NA	Tools/ equipment to be used	test
Scope of work	test		
Description of work	test		

Sections

Hazards

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

Precautions Taken

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

Toolbox Talks

Topics discussed: test	Attach photo:
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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 type="checkbox"/>
Rubber Hand Gloves <input type="checkbox"/>	Gum Boots <input type="checkbox"/>	Goggles <input type="checkbox"/>	Face Shield <input type="checkbox"/>
Other PPEs: test			

Safety Considerations

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

Approval and authorization

Requester	Issuer	Approver	Reviewer
<b>Name:</b> Raj Kumar Pativada <b>Phone:</b> +919160948627 <b>Time:</b> 01-Jul-2024 05:49:40 PM	<b>Name:</b> NA <b>Phone:</b> NA <b>Time:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Time:</b> NA	<b>Name:</b> NA <b>Phone:</b> NA <b>Time:</b> NA

Permit To Work History

Created On	Created By	Comment	Attachments
01-Jul-2024 06:00:02 PM	System User	The status has changed to Closed automatically.	