



Doc No: MHCPL-EHS-PTW-07

Permit To Work Report - Hot Work (Permit UID - PTW/GRA/OSMIN/HW/0001)

Permit Information

| Type of permit | Name of project/site | Contractor company | Name of client/contractor |
|----------------|----------------------|--------------------|---------------------------|
| Hot Work | Grava | Osmosys India | Sayan Mondal |

Work Information

| | | | |
|-------------------------|--|-----------------------------|----|
| Start date / Close Date | 3/25/2025 12:00:00 AM / 3/25/2025 12:00:00 AM | Work location | NA |
| Start time / End time | 3/26/2025 12:02:00 AM / 3/26/2025 1:30:00 AM | Reference permit no. | NA |
| No. of workers | NA | Tools/ equipment to be used | NA |
| Scope of work | NA | | |
| Description of work | NA | | |

Sections

| | | | |
|----------------------|--------------------------|------------------|----------------|
| Work Location: | Number Of Workers: | Tools/equipment: | Scope of Work: |
| Description Of Work: | Reference Permit Number: | | |

Hazards

| | | | |
|---|---------------------------------------|---|--------------------------------|
| 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: |

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

| | |
|-------------------|---------------|
| Topics discussed: | Attach photo: |
|-------------------|---------------|

Job Specific 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

| Requester | Issuer | Approver | Reviewer |
|--|--|--|--|
| Name: Sayan Mondal Phone: +919595959595 Time: 25-Mar-2025 06:33:01 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 |
|-------------------------|--------------|--|-------------|
| 25-Mar-2025 06:33:01 PM | Sayan Mondal | The status has changed to Requested. Assigned Issuer: Sayan Mondal | |