



Doc No: MHCPL-EHS-PTW-15

**Permit To Work Report - Concrete Work (Permit UID - PTW/LAL/OSMIN/CW/0002)**

**Permit Information**

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Concrete Work	Lalit's Test Site 001	Osmosys India	Raj Kumar Pativada

**Work Information**

Start date / Close Date	3/24/2025 12:00:00 AM / 3/24/2025 12:00:00 AM	Work location	
Start time / End time	3/25/2025 1:13:00 AM / 3/24/2025 6:00:00 PM	Reference permit no.	
No. of workers	0	Tools/ equipment to be used	
Scope of work			
Description of work			

**Sections**

**Hazards**

Contact with Eyes <input type="checkbox"/>	Skin Contact <input 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:			

**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**

Attach photo: 0	Topics discussed:
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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 PPE's:			

**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 pouring area?: <b>No</b>	Verification of Pumping equipment's are inspected prior to start?: <b>No</b>

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

**Approval and authorization**

Requester	Issuer	Approver	Reviewer
<b>Name:</b> Raj Kumar Pativada <b>Phone:</b> +919160948627 <b>Time:</b> 24-Mar-2025 01:13:55 AM	<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
24-Mar-2025 01:13:55 AM	Raj Kumar Pativada	The status has changed to Requested. Assigned Issuer: Vaibhav Varun Issuer	