



Doc No: MHCPL-EHS-PTW-13

Permit To Work Report - Blasting Work, Concrete Work, Confined Space Entry (Permit UID - PTW/SIA/OQSHA/CS/BL/CW/0001)

Permit Information

Type of permit	Name of project/site	Contractor company	Name of client/contractor
Blasting Work, Concrete Work, Confined Space Entry	Site AR	OQSHA India	Sayan Mondal

Work Information

Start date / Close Date	08-Apr-2025 / 09-Apr-2025	Work location	
Start time / End time	11:28:00 PM / 08:00:00 PM	Reference permit no.	
No. of workers	NA	Tools/ equipment to be used	
Scope of work			
Description of work			

Sections

Hazards

Oxygen Deficiency <input type="checkbox"/>	Oxygen Enrichment <input type="checkbox"/>	Arcing / Flash <input type="checkbox"/>	Electrical Shock <input type="checkbox"/>
Fire <input type="checkbox"/>	Explosion <input type="checkbox"/>	Toxic Gases / Fumes <input type="checkbox"/>	Person Fall <input type="checkbox"/>
Equipment fall <input type="checkbox"/>	Fly Rock <input type="checkbox"/>	Dust <input type="checkbox"/>	Fumes <input type="checkbox"/>
Toxic Gases <input type="checkbox"/>	Miss-Fires <input type="checkbox"/>	Vibration <input type="checkbox"/>	Noise <input type="checkbox"/>
Check for singleselect 1: { "OptionId": 153, "OptionText": "Applicable" }	Check for multiselect 2: [{ "OptionId": 156, "OptionText": "Applicable" }]	Check for dynamin radio button: 157	Contact with Eyes <input type="checkbox"/>
Skin Contact <input type="checkbox"/>	Inhalation <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

ISOLATION <input type="checkbox"/>	LOTO Applied <input type="checkbox"/>	Ventilation Provided <input type="checkbox"/>	HIRA Undertaken <input type="checkbox"/>
Signage's Provided <input type="checkbox"/>	SOP <input type="checkbox"/>	Illumination Provided <input type="checkbox"/>	ELCB / RCCB Provided <input type="checkbox"/>
Entry Log Register <input type="checkbox"/>	Awareness on expected emergencies ? <input type="checkbox"/>	Licensed Blaster <input type="checkbox"/>	Blasting NOC <input type="checkbox"/>
Blasting Siren <input type="checkbox"/>	Blasting SOP <input type="checkbox"/>	Controlled Blasting <input type="checkbox"/>	Separate Containers for Explosive & ED's <input type="checkbox"/>
Good Access / Egress <input type="checkbox"/>	Scaffolding & working Platform <input type="checkbox"/>	Adequate illumination <input type="checkbox"/>	Good Housekeeping <input type="checkbox"/>
Ladder Provided <input type="checkbox"/>	Mobile Scaffolding <input type="checkbox"/>	Other Precautions:	

Toolbox Talks

Topics discussed:	Attach photo: 0
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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"/>
Filtered Mask <input type="checkbox"/>	Safety Jacket <input type="checkbox"/>	Ear Plugs / Muffs <input type="checkbox"/>	Reflective Vest <input type="checkbox"/>
Hand Gloves <input type="checkbox"/>	Nose Mask <input type="checkbox"/>	Goggles <input type="checkbox"/>	Rubber Hand Gloves <input type="checkbox"/>
Gum Boots <input type="checkbox"/>	Face Shield <input type="checkbox"/>	Other PPE's:	

Emergency

Tripod <input type="checkbox"/>	First Aider <input type="checkbox"/>	Emergency Vehicle <input type="checkbox"/>	Rescue Available <input type="checkbox"/>
Resuscitator <input type="checkbox"/>	Stretcher / Wheelchair <input type="checkbox"/>	Multi Gas Detector <input type="checkbox"/>	Other Requirements:

Gas Testing

< 19.5 % - Oxygen Deficiency <input type="checkbox"/>	> 22.2% - Oxygen Enrichment <input type="checkbox"/>	Percentage of Oxygen Reading (% O2):	Other's:
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Safety Considerations

Was oxygen content between 19.5 percent and 23.5 percent?: No	Did you survey the surrounding area to show it to be free of hazards such as drifting vapours from tanks, piping, or sewers?: No	Check for any unsafe electrical conditions.: No	Is all portable electrical equipment used inside confined spaces either grounded and insulated, or equipped with RCCB (30 ma)?: No
Have the facility emergency and rescue services been notified that a confined space entry is about to be made?: No	Trained & experienced work force to be deployed.: No	Continues supervision must be required.: No	Is all rescue equipment called out in the safe entry procedure available outside the confined space?: No
Is either natural or mechanical ventilation provided prior to confined space entry?: No	If the confined space is below the ground and near areas where motor vehicles will be operating, is it possible for vehicle exhaust or carbon monoxide to enter the space?: No	Provide safe access to enter & exit.: No	Is the standby employee appropriately trained and equipped to handle an emergency?: No
Are confined space entrants wearing proper personal protective equipment (i.e., hardhats, boots, etc.)?: No	The blaster must possess a valid license.: No	Explosive to be transported in road, in an Explosive van.: No	Explosive should not be carried in the same vehicle with detonators.: No
Vehicle should be equipped with a non-sparking metal or wooden floor.: No	Do not use damaged/deteriorated explosives and accessories.: No	No holes should be loaded except those that are to be fired in the next round of blasting. Holes loaded during one shift should be fired on the same shift.: No	Post guards with red flags at a safe distance around the site to prevent persons approaching the danger area inadvertently while the shots are being fired.: No
Ensure to handle miss-fires by authorised blaster.: No	Carryout blasting is in day light hours only.: No	All Blasting's should be controlled/muffed blasting's.: No	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 pouring area?: No	Verification of Pumping equipment's are inspected prior to start?: No	

Table Section

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Approval and authorization

Requester	Approver	Reviewer
Name: Sayan Mondal Phone: +919595959595 Time: 08-Apr-2025 11:29:14 PM	Name: Sayan Mondal ApPrOVEr Phone: +919999944444 Time: 08-Apr-2025 11:32:07 PM	Name: Sayan Mondal ReVIEWEr Phone: +919999955555 Time: 08-Apr-2025 11:38:18 PM

Extension UID: DRDNK1

Extension Conditions	
Is sufficient Illumination to be provided	No
Is security notified of night work	No
Is medical aid resources available	No
Availability & Use of PPE's	No

Proper Housekeeping to be done on daily basis	No
Any other requirement (If Yes, please specify): Emergency exit are available, Emergency vehicle and First-aid provider shall be assured during the work Main Isolation Switch location is known to All	No
Use of Full body harness with double lanyard & life line or anchor point (while doing hot work at height).	No

Requester	Issuer	Approver	Reviewer
Name: Sayan Mondal Mobile: +919595959595 Time: 08-Apr-2025 11:42:18 PM Duration: 1 hour(s)	Name: Mobile: Time: NA Duration: NA hour(s)	Name: Sayan Mondal ApPrOvEr Mobile: +919999944444 Time: 08-Apr-2025 11:50:22 PM Duration: 1 hour(s)	Name: Sayan Mondal ReVIEwEr Mobile: +919999955555 Time: 08-Apr-2025 11:52:11 PM Duration: 1 hour(s)

Extension UID: 22NXKG

Extension Conditions	
Is sufficient Illumination to be provided	No
Is security notified of night work	No
Is medical aid resources available	No
Availability & Use of PPE?s	No
Proper Housekeeping to be done on daily basis	No
Any other requirement (If Yes, please specify): Emergency exit are available, Emergency vehicle and First-aid provider shall be assured during the work Main Isolation Switch location is known to All	No
Use of Full body harness with double lanyard & life line or anchor point (while doing hot work at height).	No

Requester	Issuer	Approver	Reviewer
Name: Sayan Mondal Mobile: +919595959595 Time: 08-Apr-2025 11:58:02 PM Duration: 1 hour(s)	Name: Mobile: Time: NA Duration: NA hour(s)	Name: Sayan Mondal ApPrOvEr Mobile: +919999944444 Time: 09-Apr-2025 12:01:18 AM Duration: 1 hour(s)	Name: Sayan Mondal ReVIEwEr Mobile: +919999955555 Time: 09-Apr-2025 12:01:36 AM Duration: 1 hour(s)

Permit To Work History

Created On	Created By	Comment	Attachments
09-Apr-2025 12:01:36 AM	Sayan Mondal ReVIEwEr	The status has changed to Extension Reviewed.	
09-Apr-2025 12:01:18 AM	Sayan Mondal ApPrOvEr	The status has changed to Extension Approved. Assigned Reviewer: Sayan Mondal ReVIEwEr	
08-Apr-2025 11:58:02 PM	Sayan Mondal	The status has changed to Extension Requested. Assigned Approver: Sayan Mondal ApPrOvEr Duration: 1 hour(s).	
08-Apr-2025 11:57:34 PM	Sayan Mondal ApPrOvEr	The status has changed to Validation Approved.	
08-Apr-2025 11:56:59 PM	Sayan Mondal	Status changed to Validation Requested. No changes were made. Assigned Approver: Sayan Mondal ApPrOvEr Users Involved: Sayan Mondal IsSuEr, Sayan Mondal, Prashanth Kona, Abhinav issuer	
08-Apr-2025 11:52:11 PM	Sayan Mondal ReVIEwEr	The status has changed to Extension Reviewed.	
08-Apr-2025 11:50:22 PM	Sayan Mondal ApPrOvEr	The status has changed to Extension Approved. Assigned Reviewer: Sayan Mondal ReVIEwEr	
08-Apr-2025 11:42:18 PM	Sayan Mondal	The status has changed to Extension Requested. Assigned Approver: Sayan Mondal ApPrOvEr Duration: 1 hour(s).	
08-Apr-2025 11:38:18 PM	Sayan Mondal ReVIEwEr	The status has changed to Reviewed.	
08-Apr-2025 11:38:18 PM	Sayan Mondal ReVIEwEr	Section: Hazards Check for singleselect 1 - Check for multiselect 2 - Section: Table Section Matrix Table -	
08-Apr-2025 11:32:07 PM	Sayan Mondal ApPrOvEr	The status has changed to Approved. Assigned Reviewer: Sayan Mondal ReVIEwEr	

08-Apr-2025 11:29:14 PM	Sayan Mondal	The status has changed to Requested. Assigned Approver: Sayan Mondal ApPrOvEr	
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