

GENERAL WORK PERMIT

EHS-WP-01

WMS No:

JSA No:

Name of Project: **MHDC SOLAPUR**

CONTRACTOR NAME:-

Location of work: Compound wall Permit No: 164

Description of work: see pce - project work program.
shutting house keeping.

Work Execution Date: 25/02/23 Time Valid From: 9:00 am To: 5:00 pm

The following precautions are to be taken:

Sr. No	Item	Yes	No	Not Applicable	
1	Safety Induction given to all employees & workers before employing.	✓			
2	Proper Access/ Exit available.	✓			
3	General instruction about the work	✓			
4	Proper supervision available	✓			
5	Personal Protective Equipment.(Mark Applicable)	✓			
6	Daily housekeeping of the work area completed	✓			
7	Checked safe condition of hand tools/ Power tools.	✓			
8	Adequate Lighting arrangement	✓			
9	Sign boards provided at work location.	✓			
10	Barricading provided	✓			
11	Safety Net (If Required)		✓		
12	Other	✓			

I understand the precaution to be taken as described above and as per Project requirement & here by confirm that Work will be executed under my supervision by following all precaution & Safety Rules.

Name of Site Engineer (Contractor) _____ Sign: _____ Date: _____ Time: _____

Checked and certified that it is safe to carry out the work

 Date-time & Signature Name of Engineer/Supervisor	 Date-time & Signature Name of Project Manager	 Date-time & Signature Name of Safety Officer
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For extension of work permit time from _____ pm to _____ pm (In case of any emergency)

Date-time & Signature Name of Engineer/Supervisor	Date-time & Signature Name of Project Manager	Date-time & Signature Name of Safety Officer
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Close of permit at: _____ hrs.
All work has been closed at the site. All equipment's/ Tool removed from work location & Housekeeping maintained.

 Date-time & Signature Name of Engineer/Supervisor	 Date-time & Signature Name of Project Manager	 Date-time & Signature Name of Safety Officer
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GENERAL WORK PERMIT

EHS-WP-01

WMS No:

JSA No:

Name of Project: **MHDC SOLAPUR**

CONTRACTOR NAME:- modern construction

Location of work: Building No:- 16 Permit No: 159

Description of work: shuttering work of steel cutting & building work

Work Execution Date: 23/2/23 Time Valid From: 8:00 Am To: 6:00 pm

The following precautions are to be taken:

Sr. No	Item	Yes	No	Not Applicable	
1	Safety Induction given to all employees & workers before employing.	✓			
2	Proper Access/ Exit available.	✓			
3	General instruction about the work	✓			
4	Proper supervision available	✓			
5	Personal Protective Equipment.(Mark Applicable)	✓			
6	Daily housekeeping of the work area completed	✓			
7	Checked safe condition of hand tools/ Power tools.	✓			
8	Adequate Lighting arrangement	✓	4		
9	Sign boards provided at work location.	✓	4		
10	Barricading provided	✓	4		
11	Safety Net (If Required)		✓		
12	Other	✓			

I understand the precaution to be taken as described above and as per Project requirement & here by confirm that Work will be executed under my supervision by following all precaution & Safety Rules.

Name of Site Engineer (Contractor) Kavali Sudarshan Sign: S.T. Gaud Date: 23/2/23 Time: _____

Checked and certified that It is safe to carry out the work

 Date-time & Signature Name of Engineer/Supervisor	 Date-time & Signature Name of Project Manager	 Date-time & Signature Name of Safety Officer
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For extension of work permit time from 6:00 pm to 8:00 pm (In case of any emergency)

 Date-time & Signature Name of Engineer/Supervisor	 Date-time & Signature Name of Project Manager	 Date-time & Signature Name of Safety Officer
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Close of permit at: _____ hrs.

All work has been closed at the site. All equipment's/ Tool removed from work location & Housekeeping maintained.

 Date-time & Signature Name of Engineer/Supervisor	 Date-time & Signature Name of Project Manager	 Date-time & Signature Name of Safety Officer
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GENERAL WORK PERMIT

EHS-WP-01

Name of Project: **MHDC SOLAPUR**

CONTRACTOR NAME :- **MODREN CONSTRUCTION**

Location of work: Building 15 of 18 Permit No: 324
 Description of work: Shuttering, binding, steel cutting work

Work Execution Date: 12/5/23 Time Valid From: 8:00 am To: 6:00 pm

The following precautions are to be taken:

Sr. No	Item	Yes	No	Not Applicable	
1	Safety Induction given to all employees & workers before employing.	✓			
2	Proper Access/ Exit available.	✓			
3	General Instruction about the work	✓			
4	Proper supervision available	✓			
5	Personal Protective Equipment.(Mark Applicable)	✓			
6	Daily housekeeping of the work area completed	✓			
7	Checked safe condition of hand tools/ Power tools.	✓			
8	Adequate Lighting arrangement		✓		
9	Sign boards provided at work location.		✓		
10	Barricading provided		✓		
11	Safety Net (If Required)		✓		
12	Other	✓			

I understand the precaution to be taken as described above and as per Project requirement & here by confirm that Work will be executed under my supervision by following all precaution & Safety Rules.

Name of Site Engineer (Contractor) Kavali Sudarshan Sign: S. Praveen Date: 12/5/23 Time: _____

Checked and certified that it is safe to carry out the work

 Date-time & Signature Name of Engineer/Supervisor	 Date-time & Signature Name of Project Manager	 Date-time & Signature Name of Safety Officer
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For extension of work permit time from _____ pm to _____ pm (In case of any emergency)

Date-time & Signature Name of Engineer/Supervisor	Date-time & Signature Name of Project Manager	Date-time & Signature Name of Safety Officer
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Close of permit at: _____ hrs.
 All work has been closed at the site. All equipment's/ Tool removed from work location & Housekeeping maintained.

Date-time & Signature Name of Engineer/Supervisor	Date-time & Signature Name of Project Manager	Date-time & Signature Name of Safety Officer
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