GENERAL WORK PERMIT

	WMS No:	JSA No:
Name of Project: MHDC SOLAPUR		
CONTRACTOR NAME:-		
Location of work: <u>can pound</u> wall	Permit No: 164	<u>-</u>
Description of work: pee pee- less ex	work	program
stuting House keeping.		
Work Execution Date: 25 102 1で Time Valid From: _	9.00 pm	To:_ <u></u>
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	V		
4	Proper supervision available	V		
5	Personal Protective Equipment.(Mark Applicable)			
6	Daily housekeeping of the work area completed	V		
7	Checked safe condition of hand tools/ Power tools.	1		
8	Adequate Lighting arrangement			
9	Sign boards provided at work location.	1		
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) _ _____Date: ____Time: Checked and certified that it is safe to carry out the work Date-time & Signature Date-time & Signature Name of Engineer/Supervisor Name of Project Manager Name of Safety Officer For extension of work permit time from pm (In case of any emergency) Date-time & Signature Date-time & Signature Date-time & Signature Name of Engineer/Supervisor Name of Project Manager Name of Safety Officer

Close of permit at: _

#If 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



GENERAL WORK PERMIT

WMS No:

JSA No:

Name of	Project: MHDC SOLAPUR				
CONTRA	ACTOR NAME: modern construction	_			
Location	ofwork: Building Noi-16	Permit No: 15	9		
Description	of work: Building No:-16 Folian of work: Shuttering work of steel out	ting of	build	ina wa	Me
Description	ion of work.			0	
Work Fy	ecution Date: 23/2/23Time Valid From:	100 Am	To:	6;00 Pm	
	owing precautions are to be taken:			,	
Sr. No	ltem	Yes	No	Not Applicable	
1	Safety Induction given to all employees & workers before employing.				2
2	Proper Access/ Exit available.				
3	General instruction about the work	V			\mathcal{L}
4	Proper supervision available	V			W. C.
5	Personal Protective Equipment.(Mark Applicable)	~			
6	Daily housekeeping of the work area completed	V			A
7	Checked safe condition of hand tools/ Power tools.	V			8.0
8	Adequate Lighting arrangement		Y		
9	Sign boards provided at work location.	V	H		
10	Barricading provided	V	4		6
11	Safety Net (If Required)		1		
12	Other				
execute	stand the precaution to be taken as described above and as per Project required under my supervision by following all precaution & Safety Rules. If Site Engineer (Contractor) Robbin Suchar Sign: Si				
Checket	d and certified that it is sale to carry out the work			_	
Date-t	tiple & Signature Date-time & Signature	_		Date-lime &	Signature
	Name of Engineer/Supervisor Name of Project Manager Name of Safety Office				
For exte	ension of work permit time from <u>& 🕻 🕫 ०</u> pm to <u>& ६००</u> pm (In case o	f any emergenc	y)		
8	Sair.			AN	
Name of Engineer/Supervisor Date-time & Signature Name of Engineer/Supervisor Name of Project Manager			Date-time & Signature Name of Safety Officer		
Close of	f permit at: hrs. k has been closed at the site. All equipment's/ Tool removed from work local	tion & Housekee			
Q.	Elvi.			18	7
Date	Time & Signature Date-time & Signature			ate-time & Sign	
Name	of Engineer/Supervisor Name of Project Manager		N	ame of Safety (JIIICEF

GENERAL WORK PERMIT

	ect: MHDC SOLAPUR	CTION				
	OR NAME :- MODREN CONSTRU					
cation of v	vork: <u>Building</u> 150	binding, steel Co	No: 321	1	. 1	
scription	of work: Shuttering,	binding, steel a	stryg	W	ok.	
			U			
Iork Execu	otion Date: $\frac{12/5/23}{}$	Time Valld From: co	o pm	_To:	6:00 pm	. 3
he followi	ng precautions are to be taken:		<u>-</u> .			
Sr. No		Item	Yes	No	Not Applicable	
1	Safety Induction given to all employ	rees & workers before employing.	1			
2	Proper Access/ Exit available.					(A)
. 3	General instruction about the work		<u></u>			alise
4	Proper supervision available					1
5	Personal Protective Equipment.(Ma	ark Applicable)	V			46330000000
6	Daily housekeeping of the work are	ea completed	\\\			
7	Checked safe condition of hand too	ols/ Power tools.	1			
8	Adequate Lighting arrangement	_		V		
9	Sign boards provided at work locat	tion.	7	~		
10	Barricading provided	W d		W	·	6
11	, Safety Net (If Required)	242 T. 480		~		
12	Other	7 4 5	1		AFT.	
Name of Checked	sunder my supervision by following a Site Engineer (Contractor)	Sudarshon sign: S.T.	4.		Time:	
	ension of work permit time from	pm to pm (In case of	any emerge	ncy)		
1		piii to			F	
	-time & Signature of Engineer/Supervisor	Date-time & Signature Name of Project Manager			Date-time & S Name of Safe	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Close of	f permit at: hrs.	pment's/ Tool removed from work locat	ion & House	keeping	maintained.	
All Worl	at the site. All equi	pment's/ Tourremoved Holli Work locat				
Date	e-time & Signature of Engineer/Supervisor	Date-time & Signature Name of Project Manager			Date-time & S Name of Safe	Signature Sty Officer