



# OIL & GAS DEVELOPMENT COMPANY LIMITED

Ref. Section 07 (Operation) of OGDCL's Integrated HSE System Manual

OGF – HSE – 023(01)

## Radiography Work Permit

WO No.....

Record TBT proceedings on back of the card copy

WP S.No.....

### INITIATION

Permit Begins \_\_\_\_\_ Hours Date \_\_\_\_\_

Permit Expires \_\_\_\_\_ Hours Date \_\_\_\_\_

Extended upto \_\_\_\_\_ Hours Date \_\_\_\_\_

Extended by \_\_\_\_\_

This permit authorizes Mr. \_\_\_\_\_  
of \_\_\_\_\_ section, to perform the following work

At \_\_\_\_\_

NOTE: Tick Respective one 'Job Type'

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Corrective Maintenance   | <input type="checkbox"/> Non Process Activity | <input type="checkbox"/> HSE Function           |
| <input type="checkbox"/> Emergency Shut Down      | <input type="checkbox"/> Project/ New Job     | <input type="checkbox"/> Preventive Maintenance |
| <input type="checkbox"/> Routine Process Activity | <input type="checkbox"/> Modification         | <input type="checkbox"/> Productive Analysis    |
|   |   | <input type="checkbox"/> Annual Turn Around     |

### PERIODIC INSPECTION (To be carried out before and during the work)

### SAFETY CHECKLIST

| Tick 'Yes' or 'No' or 'NA' as applicable                                 | Yes   | No   | NA                       |
|--|---|--|--------------------------|
| 1 Has the Tool Box Talk been conducted?                                  |   |  |                          |
| 2 Is the radiography sources adequate for the job?                       | <input type="checkbox"/>                      | <input type="checkbox"/>                         | <input type="checkbox"/> |
| 3 Are all radiographers qualified "Registered" persons?                  | <input type="checkbox"/>                      | <input type="checkbox"/>                         | <input type="checkbox"/> |
| 4 Are all radiographers wearing film badges?                             | <input type="checkbox"/>                      | <input type="checkbox"/>                         | <input type="checkbox"/> |
| 5 Is audible warning system available?                                   | <input type="checkbox"/>                      | <input type="checkbox"/>                         | <input type="checkbox"/> |
| 6 Is radiation survey meter/dosimeter calibrated?                        | <input type="checkbox"/>                      | <input type="checkbox"/>                         | <input type="checkbox"/> |
| 7 Is adequate lighting in place?   | <input type="checkbox"/>                      | <input type="checkbox"/>                         | <input type="checkbox"/> |
| 8 Has the radiation zone been posted?                                    | <input type="checkbox"/>                      | <input type="checkbox"/>                         | <input type="checkbox"/> |
| 9 Have radiation zone been barricaded/ cordoned off?                     | <input type="checkbox"/>                      | <input type="checkbox"/>                         | <input type="checkbox"/> |
| 10 Is flashing light / beacon in place?                                  | <input type="checkbox"/>                      | <input type="checkbox"/>                         | <input type="checkbox"/> |
| 11 Is scaffolding arranged for safe execution of job? (Attach checklist) |   |  |                          |
| 12 Is JHA required and attached to complete this job?                    |   |  |                          |
| 13 Who will monitor the operating conditions? _____                      |   |  |                          |
| 14 Name of the stand by person assigned: _____                           |   |  |                          |
| 15 Fire Fighting arrangements: _____                                     |   |  |                          |
| 16 Personal Protective Equipment requirement                             |   |  |                          |
| <input type="checkbox"/> Helmet  | <input type="checkbox"/> Goggles              | <input type="checkbox"/> Apron                   |                          |
| <input type="checkbox"/> Coverall  | <input type="checkbox"/> Gas Mask/ Respirator | <input type="checkbox"/> Ear Muffs/Plugs         |                          |
| <input type="checkbox"/> Safety Shoes/Gum Boots                          | <input type="checkbox"/> Dust Mask            | <input type="checkbox"/> Full Body Harness/ Belt |                          |
| <input type="checkbox"/> Heat/Cotton Gloves                              | <input type="checkbox"/> Face Shield          | <input type="checkbox"/> SCBA                    |                          |
| 17 Special Instructions: _____   |   |  |                          |

Authorization →

Permit Issue Authority

Relevant Section

Permit Receiver

### JOB COMPLETION

This job has been completed and area is clear for any unwanted material/housekeeping is good enough.

Date/Time \_\_\_\_\_

However the summary of "incidents" encountered during the job is given below:-

|              | Asset Damage | Environment Damage | Fatal | Non-Fatal | First Aid | Near Hits |
|--------------|--------------|--------------------|-------|-----------|-----------|-----------|
| (Tick/Cross) |              |                    |       |           |           |           |
| Description: |              |                    |       |           |           |           |

Signed by  
Supervisor/Performing Technician

Checked by  
Area Operator

Verified by  
Receiving Authority

**ALL WORK PERMIT AREAS ARE NON-SMOKING AREAS**

