



OIL & GAS DEVELOPMENT COMPANY LIMITED

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

OGF – HSE – 024(01)

Excavation & Civil 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)

MEASUREMENT BY _____ DATE _____

TEST INTERVAL	TIME	RESULT	TIME	RESULT	TIME	RESULT	TIME	RESULT	TIME	RESULT
% LEL										
%OXYGEN										
H ₂ S(ppm)										

SAFETY CHECKLIST

Tick 'Yes' or 'No' or 'NA' as applicable

- | | Yes | No | NA |
|---|---|--|--------------------------|
| 1 Has the Tool Box Talk been conducted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Is there any electrical or cable under ground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Is the underground cable de-energized? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Are electric switches / breakers locked & tagged? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Are there any underground interment lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Are underground pipeline(s) under pressure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Are the instrument cable de-energized and disconnected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Are there any gas pipelines, water lines or any other line underground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are pipelines underground emptied / isolated and blinded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Is power driven equipment permitted for chipping & grinding etc? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Is showering required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Is scaffolding arranged for safe execution of job? (Attach checklist) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Are the barricading and warning signs in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Is JHA required and attached to complete this job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Who will monitor the operating conditions? _____ | | | |
| 16 Fire Fighting arrangements: _____ | | | |
| 17 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 | |
| 18 Special Instructions. _____ | | | |

Authorization →	Permit Issue Authority	Relevant Section	Permit Receiver

JOB COMPLETION

This job has been completed and area is cleared 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description:						

Signed by
Supervisor/Performing Technician

Checked by
Area Operator

Verified by
Receiving Authority

ALL WORK PERMIT AREAS ARE NON-SMOKING AREAS

TOOLBOX TALK FORM

Section 1 - Toolbox Talk Considerations (tick)			
The following must be considered prior to commencing the work:			
Objectives of the work	Equipment / tools	Additional PPE	
Specific plans, methods and guidelines	Hazardous equipment	Previous lessons learned	
Responsibilities	Materials	Feedback / questions form Work Party	
Manpower and skill	Communications paths / protocols	Applicable OGDCL Golden Rule(s)	
Access and evacuation (what to do in case of emergency)	Manual handling		
Work environment / site conditions	Work preparation		
Risk assessment: hazards, precautions and mitigations	Isolations / Permits / Certificates		
Have the conditions changed	Performing the work		
Has the activity changed	Reinstatement		
Conflicting activities	Weather		
Other Topics Discussed:			
Job Hazards Analysis (JHA) if applicable			

Section 2 - Work Party Attendance Record					
By signing this form, I confirm that I have received and fully understood the information contained in and referenced during the Toolbox Talk.					
Name:	Signature:	Name:	Signature:	Name:	Signature:

Section 3 - Conducted					
I confirm I have conducted the Toolbox Talk with the Work Party and other involved persons.			I have taken part in the Toolbox Talk with the Work Party and other involved persons to address specific Operations related matters.		
Performing Authority Name:	Signature:	Date / Time:	Area Authority Name:	Signature:	Date / Time:
			(optional)		