



Oil & Gas Development Company Limited
Location (EFP/ FGCP/Seismic Party/Drilling
Rig/Field/Plant/Any Other):

OGF/XXX - HSE - 004(02)

Obj. No. _____

Issue / Date: _____

Department: _____

HSE Objective and Management Program

Ref.: Vulnerabilities Identified & Rated during HSE Impact (Risk) Assessment:	Severity	Probability	Impact (Risk) Rating

DURATION / TIME SPAN:	FROM (DATE):	TO (DATE):
OBJECTIVE:		
TARGET:		
Location In-Charge HSE (SIGN):	Location HSE MRC (SIGN):	Location HSE MRC (SIGN)

IMPLEMENTATION PLAN

NO.	PLAN ELEMENT / ITEM	RESPONSIBLE PERSON(S)	RESOURCES REQUIRED	DATE		REMARKS
				DUE	ACTUAL	

FORTNIGHTLY / MONTHLY REVIEW LOG:

NO.	DATE OF REVIEW	REVIEW ELEMENT	DOCUMENTS (EVIDENCE) CHECKED	REMARKS / PROGRESS STATUS	SIGNATURE LOCATION IN-CHARGE

CLOSE OUT REVIEW:

Secretary – Location HSE MRC (SIGN):	Close Out Date