



OIL & GAS DEVELOPMENT COMPANY LIMITED

Location (EFP/FGCP/Seismic Party/Drilling Rig/Field/Plant/Other): _____

OCCUPATIONAL HEALTH ASSESSMENT PLAN FY _____

Name of Section/ Department	Type of Examination (Trade-wise)	Schedule											
		Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Note:

- 1) ASSESSMENTS TO BE CONDUCTED IN THE LAST WEEK OF EVERY MONTH.
- 2) THIS PLAN HAS BEEN PREPARED UNDER THE SECTION 8.o "PERFORMANCE EVALUATION" OF OGDCL INTEGRATED HSE SYSTEM MANUAL DULY APPROVED BY MD&CEO OGDCL.
- 3) THE CONTRACTORS OF 3RD PARTY EMPLOYEES ARE LIABLE TO CARRY OUT HEALTH EXAMINATION OF THEIR RESPECTIVE EMPLOYEES ONCE IN THE YEAR.
- 4) EXACT TYPE OF EXAMINATION WILL BE DETERMINED BY LOCATION INCHARGE MEDICAL BASED ON THE HAZARDS AN EMPLOYEE RECENTLY EXPOSED.

Prepared By

Signature
Location In-Charge HSE

Consulted By

Signature
Location Medical In-Charge

Reviewed By

Signature
Members – Location HSE MRC

Approved By

Signature
Location In-Charge