

OIL & GAS DEVELOPMENT COMPANY LIMITED

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

OGF - HSE - 020(01)

| 10 017 F | Ret. Sec | tion 07 (Opera | tion) of OGDC | L's integrated | HSE System IV | anuai | | | OGF - F | 1SE - 020(01) |
|-------------------------------|------------------|----------------------------|-----------------------|-----------------|---------------|-------------------|--------------|--------|---------------------------|-------------------|
| | | | SOU | R/HO | r woi | RK PEF | RMIT | | WO No | |
| Dosard TDT | - nrosood | inas on h | | | | | | | | |
| Record TBT | proceea | ings on bo | ick of the | cara cop | <u>y</u> | | | | WP S.No | |
| INITIATION | | | | | | | | | | |
| Permit Begins | | | | | Hours Date | <u> </u> | | | | |
| Permit Expires | S | | | | Hours Date | · | | | | |
| Extended upto | 0 | | | | Hours Date | · | | | | |
| | | | | | | | | | | |
| This permit au | ıthorizes Mı | r. | | | | | | | | |
| of | | | | | | | | | | |
| OI | 3e | ction, to per | ioiiii tile io | nowing wor | K | | | | | |
| | | | | | | | | | | |
| At | | | | | | | | | | |
| NOTE: Tick F | Respective | one 'Ioh Tyn | ۵' | | | | HSE Function | on | | |
| | | Maintenan | | Non Proces | ss Activity | | Preventive | | ice | |
| | | Shut Down | | Project/ Ne | • | | Productive | | | |
| | • | ocess Activi | | Modification | | | Annual Tur | | | |
| PERIODIC INSI | | | | | | | | | | |
| PERIODIC INSI | PECTION (1 | o be carried | out belole | and during | tile work) | | | | | |
| MEASUREMEN | | DECLUT | TINAS | DECLUT | TINAL | DATE | TINAS | RESULT | TINAS | DECLUT |
| % LEL | TIME | RESULT | TIME | RESULT | TIME | RESULT | TIME | RESULI | TIME | RESULT |
| %OXYGEN | | | | | | | | | | |
| H ₂ S(ppm) | | | | | | | | | | |
| SAFETY CHECK | <u>KLIST</u> | | | | | | | | | |
| Tick 'Yes' or 'N | lo' or 'NA' as a | pplicable | | | | | | Yes | No | NA |
| 1 | Has the Tool | Box Talk been | conducted? | | | | | | | |
| 2 | Is area provio | ded with suitab | le access and e | gress? | | | | | | |
| | Is area free o | | | | | | | | | |
| | Is the Continu | | | | | | | | | |
| | | | arc welding is ι | | | | | | | |
| | | | e and safety er | - | | t inspection? | | | | |
| | _ | - | afe execution o | | checklist) | | | | | |
| | | | signs displaye | | hlinding? | | | | | |
| | | | ted or complet | | bilnaing? | | | | | |
| | | switches tagge | equipment disc | onnecteur | | | | | | |
| | | | nt to be checke | d hafora usa | | | | | | |
| | | r blocked or ta | | a before asc | | | | | | |
| | | | zed and flushe | d? | | | | | – – | |
| | | | id around the e | | de? | | | | Ī | |
| | · | tion suitable fo | | | | | | | | |
| | | rea safe for spa | | | | | | | | |
| 18 | Is fireextingu | isher / fire blar | ket placed nea | rby? | | | | | | |
| 19 | Is JHA attach | ed with the per | mit? | | | | | | | |
| 20 | Name of the | fireman / Fire \ | Watch assigned | l: | | | | | | |
| 21 | Equipment to | be use in hot | work: | | | | | | | |
| | | | ting condition: | | | | | | | |
| 23 | Fire Fighting | arrangements: | | | | | | | | |
| 24 | Personal Prot | tective Equipm | ent requiremer | nt | | | | | | |
| | | Helmet | | | | Goggles | | | Apron | |
| Coverall Gas Mask/ Respirator | | | | | | | | | Ear Muffs/Plu | |
| | | Safety Shoes/ | Gum Boots | | | Dust Mask | | | Full Body Har | ness/ Safety Belt |
| | | Rubber/Cotto | n Gloves | | | Face Shield | | | SCBA | |
| 13 | Special Instru | ictions | | | | | | | | |
| | | | | | | | | | | • |
| | Autno | rization \longrightarrow | Permit Issue | Autnority | K | elevant Secti | on | | Permit Re | eceiver |
| | | | | | | | | | | |
| JOB COMPLET | <u>ION</u> | | | | | | | | | |
| This job has been | completed an | d area is cleare | d for any unwa | inted material | / housekeepir | g is good enou | ıgh. | | | |
| Date/Time | | | | | | | | | | |
| However the sum | mary of "incid | ents" encounte | | job is given be | elow:- | | | | | |
| | | Asset Damage | Environment Damage | Fatal | Non-Fatal | First Aid | Near Hits | | | |
| | (Tick/Cross) | | Damage | | | | | | | |
| | | | | | | | | | | |
| | Description: | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Cign | ed by | | | Chec | ked by | | Varie | ied by | |
| Sup | _ | ied by ming Technicia | n | | | ked by perator | | | rea by eiving Authorit | v |

TOOLBOX TALK FORM

| | | The following must be consider | ered prior to commencing the wo | ·k: | | |
|---|---|---|---|-----------------------------------|---|--|
| bjectives of the work | | Equipment / tool | ls | Additional PPE | | |
| pecific plans, methods and gu | idelines | Hazardous equi | pment | Previous lessons learned | | |
| esponsibilities | | Materials | | Feedback / questions for | rm Work Party | |
| anpower and skill | | Communications | s paths / protocols | Applicable OGDCL Golden Rule(s) | | |
| ccess and evacuation (what to | do in case of emergency) | Manual handling | J | | | |
| ork environment / site conditi | ons | Work preparatio | n | | | |
| sk assessment: hazards, pre- | cautions and mitigations | | nits / Certificates | | | |
| ave the conditions changed | | Performing the v | vork | | | |
| as the activity changed | | Reinstatement | | | | |
| onflicting activities | | Weather | | | | |
| ob Hazards Analysis (JHA) if a | applicable | Other Top | ics Discussed: | | | |
| ection 2 - Work Party Atte | | | | | | |
| | | | ined in and referenced during the | | | |
| Name: | Signature: | Name: | Signature: | Name: | Signature: | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ection 3 - Conducted | | | | | | |
| ection 3 - Conducted confirm I have conducted the | Toolbox Talk with the Work Part | y and other involved persons. | I have taken part in the To address specific Operation | olbox Talk with the Work Party an | d other involved persons to | |
| | Toolbox Talk with the Work Part Signature: | y and other involved persons. Date / Time: | | | d other involved persons to Date / Time: | |