

**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..... 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 NOTE: Tick Respective one 'Job Type' HSE Function Corrective Maintenance Non Process Activity Preventive Maintenance ☐ Emergency Shut Down Project/ New Job Productive Analysis ☐ Routine Process Activity Modification Annual Turn Around PERODIC 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? 3 Are all radiographers qualified "Registered" persons? 4 Are all radiographers wearing film badges? 5 Is audible warning system available? 6 Is radiation survey meter/dosimeter calibrated? 7 Is adequate lighting in place? 8 Has the radiation zone been posted? 9 Have radiation zone been barricaded/ cordoned off? 10 Is flashing light / beacon in place? 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 Helmet Apron Goggles Ear Muffs/Plugs Coverall Gas Mask/ Respirator Safety Shoes/Gum Boots Full Body Harness/ Belt Dust Mask Heat/Cotton Gloves Face Shield 17 Special Instructions. \_ Authorization -> Permit Issue Authority **Relevant Section** 

	JOB COMPLETION											
	nis job has been completed and area is clear for any unwanted material/housekeeping is good enough.											
	Date/Time											
	However the summary of "incid	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:				.1	I.	II.					
								J				
Signed by					Checked by			Verified by				
Supervisor/Performing Technician					Area Operator			Receiving Authority				

## TOOLBOX TALK FORM

		The following must be consider	ered prior to commencing the wo	rk:		
bjectives of the work		Equipment / tool	s	Additional PPE		
pecific plans, methods and gu	idelines	Hazardous equip	oment	Previous lessons learned		
esponsibilities		Materials		Feedback / questions form 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				
ork environment / site condition	ons	Work preparatio	n			
sk assessment: hazards, pred	cautions and mitigations	Isolations / Perm	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	endance Record					
	· · · · · · · · · · · · · · · · · · ·		ned in and referenced during the			
Name:	Signature:	Name:	Signature:	Name:	Signature:	
		i				
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		i				
		i				
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 Todadress specific Operation	olbox Talk with the Work Party an	d other involved persons to	
	Toolbox Talk with the Work Part Signature:	ty and other involved persons.  Date / Time:			d other involved persons to Date / Time:	