



# OIL & GAS DEVELOPMENT COMPANY LIMITED

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

OGF – HSE – 025(01)

## WORKING AT HEIGHT PERMIT

WO No.....

WP S.No.....

*Record TBT proceedings on back of the card copy*

### 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     |

### 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 Area below been cleared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are the personnel performing job trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are emergency arrangements adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Is scaffolding arranged for safe execution of job? (Attach checklist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Is residual risk (s) in this job acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Are the barricading and warning signs in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is JHA required and attached to complete this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Who will monitor the operating conditions? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Equipment to be used: _____			
11 Height in feet: _____			
12 Associated Permits: _____			
13 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/ Safety Belt	
<input type="checkbox"/> Rubber/Cotton Gloves	<input type="checkbox"/> Face Shield	<input type="checkbox"/> SCBA	
14 Special Instructions. _____			

<b>Authorization</b> →	<b>Permit Issue Authority</b>	<b>Relevant Section</b>	<b>Permit Receiver</b>
	Shift Engineer/Production Engineer	IC / Shift Engineer	Supervisor/Performing Technician

### JOB COMPLETION

Work at height has been completed and area is cleared for any unwanted material / housekeeping is good enough.

Date/Time \_\_\_\_\_

However the summary of "accidents" 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  
HSE Section/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)