



OIL & GAS DEVELOPMENT COMPANY LIMITED

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

OGF – HSE – 020A(01)

EXPLOSIVES HANDLING WORK PERMIT

⚠ WORK IS "NOT TO COMMENCE" UNTIL ALL SECTIONS OF THIS PTW ARE COMPLETED AND AGREED.

Work Order Ref. No.:

Task Authorization Initiation

	Date	Time	Duration (Hours)
Permit Begins:			
Permit Expires:			
Task details:			
Description of explosives, detonators involved:			
Task location & terrain:			
Maximum number of contractors' staff permitted:			

Work Party/ Team (Details of personnel nominated to carry out the job / handle the explosives)

Role	OGDCL/ Contractor	Name, Designation	Certification(s)/ License(s)	Training(s)

Tools & Equipment (List all tools and equipment authorized for entry into the explosives handling / usage area)

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.

Statement by Permit Issuing Authority, I have received the risk assessment of the above task which involves explosives hazards. Supervisor of the task has taken ample control measures specified in the risk assessment which aimed to ensure that the hazards to and from the explosives have been removed / reduced to as low as reasonably practicable – ALARP, and which will be observed throughout the full period of the task. In addition, toolbox talk (TBT)/ pre-job safety meeting's agenda has been prepared for issuance to the Supervisor who will record the proceedings on back of this permit (card) copy. Hazards to and from the explosives involved with this task along with control measures are scribed below (use continuation sheet if necessary):

#	Hazards	Risk Rating	Control Measures/ PPE

Special Instructions:

	Name	Designation	Section
Permit Issued (Authorized) By:			
Signature:		Date & Time:	

Statement by Permit Receiving Authority, I certify that the team nominated as above will comply with the requirements. I understand that it is my responsibility to supervise the work's quality and safety through to its completion and remain on site while work is in progress. I have received the toolbox talk (TBT)/ pre-job safety meeting's agenda relating to the task and undertake to instruct each and every nominated person of the agenda contents. I will record the proceedings on back of this permit (card) copy; I understand the permitted staffing levels and completion date & time placed upon me. No additional work will be carried out until a new PTW has been authorized and issued.

	Name	Designation	Section
Permit Received By:			
Signature:		Date & Time:	

CONFIRMATION OF WORK COMPLETION/ SUSPENSION

- ☐ The task has been **completed** and area is cleared for any unwanted material & housekeeping is good enough; Work Party (OGDCL/ contract personnel) have left the site along with all tools.
- ☐ The task authorized under this permit has been **suspended**. We understand that before any further work can continue, a new PTW will be issued. Warning signs / notices have been put in place and equipment/ systems have been locked off.

 Signature (Permit Receiving Authority)
 Date & Time: _____

 Signature (Permit Issuing Authority)
 Date & Time: _____

SUMMARY OF INCIDENTS ENCOUNTERED

Asset Damage	Environment Damage	Fatal	Non- Fatal	First Aid	Near Hits
Description:					



EXPLOSIVES HANDLING WORK PERMIT

PERMIT TO WORK TOOLBOX TALK PROCEEDINGS

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 from Work Party
Manpower and skill	Communications paths / protocols	Applicable OGDCL Lifesaving 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:

e.g. Job Hazard Analysis (JHA)

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.

Performing Authority Name:

Signature:

Date / Time:

I have taken part in the Toolbox Talk with the Work Party and other involved persons to address specific Operations related matters.

Area Authority Name:

Signature:

Date / Time:

(optional)