

# OIL & GAS DEVELOPMENT COMPANY LIMITED



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

OGF – HSE – 023(02)

## Radiography Work Permit

WO No.....

*Record TBT proceedings on back of the card copy*

WP S.No.....

### 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     |

### PERIODIC 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is the radiography sources adequate for the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are all radiographers qualified "Registered" persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are all radiographers wearing film badges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Is audible warning system available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Is radiation survey meter/dosimeter calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Is adequate lighting in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Has the radiation zone been posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Have radiation zone been barricaded/ cordoned off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Is flashing light / beacon in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			
<input type="checkbox"/> Helmet <input type="checkbox"/> Coverall <input type="checkbox"/> Safety Shoes/Gum Boots <input type="checkbox"/> Heat/Cotton Gloves	<input type="checkbox"/> Goggles <input type="checkbox"/> Gas Mask/ Respirator <input type="checkbox"/> Dust Mask <input type="checkbox"/> Face Shield	<input type="checkbox"/> Apron <input type="checkbox"/> Ear Muffs/Plugs <input type="checkbox"/> Full Body Harness/ Belt <input type="checkbox"/> SCBA	
17 Special Instructions: _____			

Authorization →

Permit Issue Authority

Relevant Section

Permit Receiving Authority

### JOB COMPLETION

This job has been completed and area is clear for any unwanted material/housekeeping is good enough.

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

However 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:						

Signed by  
Permit Receiving Authority

Checked by  
Relevant Section

Verified by  
Permit Issue Authority

ALL WORK PERMIT AREAS ARE NON-SMOKING AREAS



