



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.....

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 |

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? _____			
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. _____			

Authorization →

Permit Issue Authority

Relevant Section

Permit Receiving Authority

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
Permit Receiving Authority

Checked by
Relevant Section

Verified by
Permit Issue Authority

ALL WORK PERMIT AREAS ARE NON-SMOKING AREAS

