



OIL & GAS DEVELOPMENT COMPANY LIMITED

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

QGF – HSE – 021(01)

ELECTRICAL 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'

- Corrective Maintenance
- Emergency Shut Down
- Routine Process Activity

- Non Process Activity
- Project/ New Job
- Modification

- HSE Function
- Preventive Maintenance
- Productive Analysis
- Annual Turn Around

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 Has the equipment been properly de-energized & tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Is the breaker locked and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 If not, have the circuit breaker output leads been disconnected & Tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ensured that the equipment does not start from the local on/off switch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Has the equipment where work is to be done identified by the Performing Technician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Will the Electrician work on live circuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Has Explosivity in the area been checked out for working on live circuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Has a stand by maintenance person been appointed for working on live circuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Have you instructed the Electrician about the safe procedure of this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Have you instructed the Electrician to use insulated electrical tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Have the unit affected by the work been 'notified'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Is scaffolding arranged for safe execution of job? (Attach checklist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Is JHA required and attached to complete this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Who will monitor the operating conditions? _____			
16 Fire Fighting arrangements: _____			
17 Equipment to be use: _____			
18 Reference of Power Isolation Slip & LO/TO: _____			
19 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	
20 Special Instructions: _____			

Authorization →	Permit Issue Authority	Relevant Section	Permit Receiver
		IC Electrical / Shift Engineer	Supervisor/Performing Technician

JOB COMPLETION

This job has been completed and area is cleared 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)	<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
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)