

WORK PERMIT LEVEL 1

NO.:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Hot work A | <input type="checkbox"/> Isolation of safety system | <input type="checkbox"/> Dangerous substances | <input type="checkbox"/> Explosives | <input type="checkbox"/> Work on hydrocarbon system |
| <input type="checkbox"/> Hot work B | <input type="checkbox"/> Pressure testing | <input type="checkbox"/> Radioactive materials | <input type="checkbox"/> Critical lifting operation | |
| <input type="checkbox"/> Entry (confined space) | <input type="checkbox"/> Work above sea | <input type="checkbox"/> Well operation | <input type="checkbox"/> Other/critical operation | |

Applicant name: _____ Discipline: _____ Phone: _____

Work description: _____

Identified risks: _____

Equipment/tools: _____

Installation: _____ Location/module: _____ Deck: _____

Tag/line no.: _____ Zone: _____

SAFE JOB ANALYSIS NO: _____

REQUIRES APPROVAL FROM ELECTRICAL DEPARTMENT

WORK ORDER NO.: _____

OPERATION NO.: _____

ISOLATION NO.: _____

Day Date: _____

Night From hour: _____

Ongoing work to hour: _____

Extended to hour: _____

Area/Operations supervisor Sign: _____

CCR technician Sign: _____

Area technician Sign: _____

Attachment: _____

OPERATIONS AND SAFETY PREPARATIONS

A B

| Required performed by Area technician | Signature |
|--|-----------|
| <input type="checkbox"/> Depressurization | |
| <input type="checkbox"/> Draining <input type="checkbox"/> Emptying | |
| <input type="checkbox"/> Cleaning <input type="checkbox"/> Gasfreeing | |
| <input type="checkbox"/> Isolation by single valve <input type="checkbox"/> Double block&bleed | |
| <input type="checkbox"/> Isolation by blind <input type="checkbox"/> Isolation plan | |
| <input type="checkbox"/> Safety tag <input type="checkbox"/> Lock | |
| <input type="checkbox"/> Venting <input type="checkbox"/> Extra ventilation | |
| <input type="checkbox"/> Prevent release of oil/gas in the area | |
| <input type="checkbox"/> Measures against radioactive radiation | |
| <input type="checkbox"/> Coordination with other activities | |
| <input type="checkbox"/> Inspection of the area every ____ hours | |
| <input type="checkbox"/> Other | |

| GAS MEASUREMENTS PRIOR TO/DURING THE WORK | |
|--|--|
| <input type="checkbox"/> Hydrocarbons every ____ hours | <input type="checkbox"/> H ₂ S every ____ hours |
| <input type="checkbox"/> Oxygen every ____ hours | <input type="checkbox"/> every ____ hours |
| <input type="checkbox"/> Benzene every ____ hours | |

| ISOLATION SAFETY SYSTEM | |
|-------------------------------|---|
| System: _____ | <input type="checkbox"/> Locally <input type="checkbox"/> CCR |
| _____ | |
| _____ | |
| Location/area: _____ | |
| _____ | |
| Compensating measures:a _____ | |
| _____ | |

| Required performed by Executing skilled worker | Signature |
|---|-----------|
| <input type="checkbox"/> Portable gas detector no. _____ on the worksite | |
| <input type="checkbox"/> Verify isolation | |
| <input type="checkbox"/> Electrical isolation <input type="checkbox"/> Locking | |
| Tag. No.: _____ | |
| <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Fire prevention | |
| <input type="checkbox"/> Welding machine safely located and earthed | |
| <input type="checkbox"/> Continuous guard <input type="checkbox"/> Radio communication | |
| <input type="checkbox"/> Drains blocked <input type="checkbox"/> Covered | |
| <input type="checkbox"/> Barrier <input type="checkbox"/> Warning sign | |
| <input type="checkbox"/> Cooperate with CCR <input type="checkbox"/> Area technician | |
| <input type="checkbox"/> Follow requirements for work over sea <input type="checkbox"/> Working at height | |
| <input type="checkbox"/> Safety datasheet or action card read and available | |
| <input type="checkbox"/> Procedures <input type="checkbox"/> Checklist for the operation known | |
| Ref. No. : _____ | |
| <input type="checkbox"/> Control of temporary lifting equipment | |
| <input type="checkbox"/> Follow requirements for Entry (confined space) | |
| <input type="checkbox"/> Special personal protective equipment | |
| <input type="checkbox"/> Measures to avoid work-related diseases | |
| <input type="checkbox"/> Other requirements/preparations - use field on page 2 if necessary | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

APPROVAL/AUTHORIZATION

| | | | |
|-----------------------------------|-----------------------|---------------------|--|
| Area/Operations supervisor: _____ | Other position: _____ | HSE function: _____ | Platform Manager/Overall approver: _____ |
| Remarks/requirements: _____ | | | |

