	WORK PERMIT	LEVEL 1	NO.:
<ul> <li>Hot work A</li> <li>Hot work B</li> <li>Entry (confined s</li> </ul>	<ul> <li>Isolation of safety system</li> <li>Pressure testing</li> <li>pace)</li> <li>Work above sea</li> </ul>	<ul> <li>Dangerous substances</li> <li>Radioactive materials</li> <li>Well operation</li> </ul>	<ul> <li>Explosives</li> <li>Critical lifting operation</li> <li>Other/critical operation</li> <li>Work on hydrocarbon system</li> </ul>
Applicant name:	Discipline:	Phone:	SAFE JOB ANALYSIS NO:
Work description:			REQUIRES APPROVAL FROM ELECTRICAL DEPARTMENT
			WORK ORDER NO.:
			OPERATION NO.:
			ISOLATION NO.:
Identified risks:			Day Night Ongoing work Date: From hour: to hour:
			Extended to hour:
			— Area/Operations supervisor Sign:
			CCR technician Sign:
			Area technician Sign:
			Attachment:
Equipment/tools:			
Installation:	Location/module:	Deck:	—
Tag/line no.:		Zone:	

OPERATIONS AND SAFETY PREPARATIONS A B				
Required performed by Area technician		Signature	Required performed by Executing skilled worker	Signature
Depressurization			Portable gas detector no on the worksite	
Draining    Emptying			Verify isolation	
Cleaning			Electrical isolation  Locking	
	lve Double block&bleed		Tag. No.:	
Isolation by blind	Isolation plan		Fire extinguisher     Fire prevention	
Safety tag	Lock		Welding machine safely located and earthed	
	Extra ventilation		Continuous guard  Radio communication	
Prevent release of oil	/gas in the area		Drains blocked Covered	
Measures against rac	lioactive radiation		🖵 Barrier 🛛 Warning sign	
Coordination with ot	her activities		Cooperate with CCR Area technician	
			Given Follow requirements for work over sea Given Working at height	
Inspection of the area	a every hours		Safety datasheet or action card read and available	
🖵 Other			Procedures Checklist for the operation known	
			Ref. No. :	
GAS MEASUREMENTS P	RIOR TO/DURING THE WORK		Control of temporary lifting equipment	
Hydrocarbons every	hours 📮 H <sub>2</sub> S every hou	irs	Follow requirements for Entry (confined space)	
Oxygen every			Special personal protective equipment	
Benzene every	hours			
			Measures to avoid work-related diseases	
ISOLATION SAFETY SYSTEM Locally CCR				
System:	TEM 🗖 Locally 🗖 CC	.n	Other requirements/preparations	
			- use field on page 2 if neccessary	
Location/area:				
Compensating measures:a				

## APPROVALIAUTHORIZATION

ArealOperations supervisor:	Other position:	HSE function:	Platform Manager/Overall approver:
Remarks/requirements:			

## PRECAUTIONS PRIOR TO/DURING WORK EXECUTION

Safety system isolated/reactivated	Signature:	Gas test - value
Isolated locally / CCR		HC HC
Reinstated locally / CCR		
Remarks:		$H_2S$
		Benzene Benzene
		Time/sign.
	A	В
Work site cleared according to requirements, identifie	d risks handled	Precautions understood and are/will be fulfilled, identified risks handled
Area technician	/	<b>Executing skilled worker</b> Name: (Block letters)
Time: Signature:		
The work is cleared with CCR	/	
CCR technician Time: Signature:		

## COMPLETION

6

7

CONFLETION		A	В
All locks/tags removed Equipment ready for operation <i>Area technician</i>		Yes       No       Not applicable         Yes       No       Not applicable	Work completed     Work not completed       Workplace cleaned and secured       Executing skilled worker     Signature:
Time:	Signature:		Original: Work site
Work cleared by CCR			Сору:
CCR technician Time:		Signature:	

## ORDER UNDERSTOOD AND IS/WILL BE CARRIED OUT

Date	Executing skilled workers in work team: (Block letters)	Signature
-		
-		

Date	Other requirements/preparations	Signature