

INTEGRATED MANAGEMENT SYSTEM

| Document No.: | |
|-----------------|--|
| BPDB-IMS-FR-023 | |
| | |

Revision No.: 00

Effective Date: 01-11-2021

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CLEARANCE FOR WORK

CLEARANCE FOR WORK

| At | a.m/p.m. on | 2018 | |
|--|--|--|--|
| | | | |
| For work o | າກ | | |
| | he alees by | to | |
| Expects to | be clear by | | a.m. /p.m. |
| Issued by | | | (Operator in |
| Charge) | | | • |
| | | | (Asstt. Operator) |
| Note: An s | additional chacklist m | nust be filled out if the job is a | associated with any of the |
| following: | additional officialist II | ract be filled out if the job is a | iooooiatoa witii ariy of tile |
| | rking at Height | | |
| ` ' | • | 20 | |
| ` , | ry into enclosed spac | ·C | |
| (3) Hot | vvork | | |
| | | | |
| STATION_ | | CARD No | |
| STATION_ Issued to _ | | CARD No | |
| Issued to _ At | a.m./p.m. on 201 | 8 | |
| Issued to _ At For work o | a.m./p.m. on 201 | 8 | |
| Issued to _ At For work o Between | a.m./p.m. on 201 on | To | |
| Issued to _ At For work o Between | a.m./p.m. on 201 on | 8 | |
| Issued to _ At For work o Between You must b | a.m./p.m. on 201 | Toa.m ./p.m. 2018 | |
| Issued to _ At For work o Between_ You must b This cleara | a.m./p.m. on 201 | Toa.m ./p.m. 2018 | |
| Issued to _ At For work o Between You must b This cleara the person | a.m./p.m. on 201 be clear by ance will be accepted to whom the card is | To a.m ./p.m. 2018 back by the Operator in Chargemade out. | |
| Issued to _At For work o Between You must t This cleara the person Issued by | a.m./p.m. on 201 on be clear by ance will be accepted to whom the card is | Toa.m ./p.m. 2018lback by the Operator in Chargemade out (Operato | e only when signed by |
| Issued to _At For work o Between You must t This cleara the person Issued by | a.m./p.m. on 201 on be clear by ance will be accepted to whom the card is | To a.m ./p.m. 2018 back by the Operator in Chargemade out. | e only when signed by |
| Issued to _ At For work o Between_ You must t This cleara the person Issued by_ Witness | a.m./p.m. on 201 be clear by ance will be accepted to whom the card is | Toa.m ./p.m. 2018 back by the Operator in Chargemade out(Operato(Asst Operato | r in Charge) |
| Issued to _At For work o Between You must to This cleara the person Issued by Witness I am clear | a.m./p.m. on 201 be clear by ance will be accepted to whom the card is of the above grounds | Toa.m ./p.m. 2018lback by the Operator in Chargemade out (Operato | r in Charge) Derator) d by me have been |
| Issued to _At For work o Between You must to This cleara the person Issued by Witness I am clear | a.m./p.m. on 201 be clear by ance will be accepted to whom the card is of the above grounds | Toa.m ./p.m. 2018 back by the Operator in Charge made out. (Operato(Asst Operator and other safeguards installed) | r in Charge) Derator) d by me have been |



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| Signed _ | | |
|----------|---------------------|--|
| - | Holder of Clearance | |

| General Information to Applicant | | | | |
|--|------------|------------------------|-------|--|
| Signed | | (Applicant for Clear | ance) | |
| oigned | | (Applicant for Clean | ance) | |
| Clearance returned by | | | | |
| At a.m | າ./p.m. on | 20 | | |
| Clearance received by Signed | | _(Operator in Charge) | | |
| e.ge. | | _(| | |
| Witness | Asstt. C | perator | | |
| This card is your authority to work on the apparatus referred to between the limiting points as outlined and is applicable to that apparatus only. It is also a guranteee that said apparatus has been taken from service and cleared for work, the necessary safeguards for your protection have been taken and as far as Operation is concerned the said apparatus is safe to work upon. Men Working tags has been placed at all controlling points. The above assurance, however, does not relieve you the responsibility of taking any additional precautions which you may consider necessary for the protection of yourself and the men in your charge. | | | | |
| RESTRICTIONS, LIMITATIONS or WARNING to HOLDER: | | | | |
| Signed | | (Operator In charge) | | |

| Prepared By | | |
|-------------|-------------|--|
| Checked By | Approved By | |