**Oil Rig – Training Purpose Only**

**1. General Information**

* **Permit Number**: [Permit ID]
* **Date Issued**: [Date]
* **Time Issued**: [Time]
* **Permit Valid Until**: [End Date and Time]
* **Work Location**: [Specific Rig Area or Location]
* **Description of Work**:  
  [Provide a brief description of the task(s) to be performed. Example: "Hot work on drilling rig floor to replace valve on drilling system."]
* **Type of Work**:  
  [Select as appropriate: Hot Work, Confined Space Entry, Electrical Work, Lifting Operations, Work at Height, etc.]
* **Permit Issued By**:  
  [Name, Job Title, and Signature of the Issuer]
* **Supervisor**:  
  [Name, Job Title, and Signature of Supervisor]
* **Person in Charge of Work**:  
  [Name, Job Title, and Signature of the Worker in Charge]

**2. Work Description**

Provide a detailed description of the work to be performed, including steps or procedures.

**Task Breakdown**:

| **Step No.** | **Work Description** | **Responsible Person** | **Tools/Equipment Involved** | **Hazard Identification** |
| --- | --- | --- | --- | --- |
| 1 | Set up work area and isolate power supply | Rig Supervisor | Lock-out/tag-out equipment, isolation tags | Electrical shock, Equipment movement |
| 2 | Carry out welding operations on valve | Welder | Welding machine, protective screens, welding rods | Burns, Fire, Fumes |
| 3 | Inspect the area post-work and re-energize system | Safety Officer | Checklists, Testing equipment | Electrical shock, Risk of re-energization |

**3. Hazard Identification and Risk Assessment**

Identify the potential hazards associated with the work and assess the associated risks. Provide control measures for each identified hazard.

| **Hazard** | **Likelihood (Low/Medium/High)** | **Severity (Low/Medium/High)** | **Risk Level (Low/Medium/High)** | **Control Measures** |
| --- | --- | --- | --- | --- |
| Fire | High | High | High | Fire extinguisher on-site, Fire watch assigned during work |
| Toxic fumes (welding) | Medium | High | High | Fume extraction system, PPE (Respirators, welding masks) |
| Electrical shock | Medium | High | High | Lock-out/tag-out, Electrical isolations, Testing of power lines |
| Falling objects (tools, equipment) | Low | Medium | Medium | Tool lanyards, Barricade the work area, PPE (Hard hat, Safety shoes) |

**4. Personal Protective Equipment (PPE)**

List the PPE required for the job and ensure that all personnel are provided with and trained on its proper use.

| **PPE Required** | **Worker (Yes/No)** | **Supervisor (Yes/No)** | **Additional Comments** |
| --- | --- | --- | --- |
| Hard Hat | Yes | Yes | To be worn at all times in work area |
| Gloves (Heat-resistant, Welding) | Yes | Yes | For welding operations |
| Safety Boots | Yes | Yes | Steel-toe boots required |
| Respiratory Protection | Yes | Yes | For welding and fume protection |
| Eye Protection (Welding Goggles) | Yes | Yes | For welding tasks |
| Hearing Protection | Yes | Yes | To reduce noise exposure during operations |

**5. Permit Conditions**

Specify any conditions that must be met before the work can begin.

* **Work Area Isolation**:
  + Ensure all electrical power sources are isolated and locked out.
  + Confirm all combustible materials are removed from the area (for hot work).
* **Emergency Procedures**:
  + Fire watch must be in place for the duration of hot work.
  + Emergency evacuation procedures must be reviewed with all personnel.
* **Environmental Conditions**:
  + Ensure no adverse weather conditions (e.g., high winds, rain) are present that could increase the risk of work.
* **Communication**:
  + A two-way radio must be available for immediate communication with the control room.
  + A designated "fire watch" must maintain visual surveillance of the work area during hot work operations.

**6. Work Permit Verification**

The following checks should be made to ensure all safety measures are in place before work begins.

* **Safety Checks**:
  + Work area isolated: [Yes/No]
  + Lock-out/tag-out procedures implemented: [Yes/No]
  + Emergency equipment in place (fire extinguishers, first aid kit): [Yes/No]
  + Gas monitoring completed (if applicable): [Yes/No]
  + Communication system tested and operational: [Yes/No]

**7. Emergency Response**

List emergency procedures specific to the work being performed.

* **Emergency Evacuation Route**:  
  [Provide the designated evacuation routes in case of emergency.]
* **Emergency Contacts**:
  + **Rig Medic**: [Phone Number]
  + **Emergency Coordinator**: [Phone Number]
  + **Fire Department**: [Phone Number]
* **First Aid Kit Location**: [Location]
* **Fire Fighting Equipment Location**: [Location]

**8. Sign-off and Approval**

The work can only begin once all safety procedures have been checked and approved.

| **Name** | **Role** | **Signature** | **Date** |
| --- | --- | --- | --- |
| [Name] | Permit Issuer | [Signature] | [Date] |
| [Name] | Work Supervisor | [Signature] | [Date] |
| [Name] | Safety Officer | [Signature] | [Date] |
| [Name] | Worker in Charge | [Signature] | [Date] |

**9. Post-Work Inspection**

Once the work is complete, a final inspection should be conducted to ensure all hazards have been mitigated and the area is safe to return to normal operations.

| **Inspection Item** | **Completed (Yes/No)** | **Remarks** |
| --- | --- | --- |
| Work Area Inspected and Cleared | Yes | All tools removed, area secured |
| Lock-out/tag-out Removed | Yes | System re-energized safely |
| Equipment Returned to Service | Yes | No damage or malfunction |
| PPE Checked and Returned | Yes | All PPE accounted for |

**10. Permit Closure**

The permit is closed when all work has been completed, safety measures have been verified, and the work area has been cleared.

* **Permit Closed By**:  
  [Name and Signature of the Person Closing the Permit]
* **Date and Time Closed**:  
  [Date and Time]