- Before starting Works (Maintenance/Project) Please fill this form.
- The Work Permit shall be available at activity workplace.

Job Details:	**Permit # (Number, Month, Year)**	**Date:**
Permit writer Name:	**Signature:**	
Permit Receiver Name:	Duration of permit: From: (time) (date) To: (time) (date)	

Task description:

Approval	Yes	No	N/A	Name	Signed	Date
Other (…….)						

Other linked documents	Drawing	SOW	SRA	Special Permit	Other Requirements
				SMC - HSE - ML-02 – clauses (2.1 to 2.5)	

Hazards, Precautions and Control Measures

Precautions

- **Is the work will affect SMC operation:** ☐YES ☐ NO ☐ N/A

(IF YES, Safety Risk Assessment IS MUST REQUIRED and the approval of the effected internal parties).

Personal Protective Equipment Required by Service provider staff/contractors

PPE: ☐YES ☐ NO ☐ N/A ☐ Other; specify:

Details of person(s) to contact in case of queries, problems or emergencies:

SMC representative completing permit:

I confirm that the area has been made safe for maintenance staff/contractor access.

Name: ……Date: ……..…Position: ……..……...……...

Signed: ……...……

Permit Issuer (Signature) **Work Complete** ☐YES ☐ NO