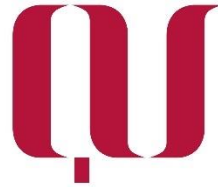


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**QATAR STEEL**  
**PROCEDURE**

**WORK PERMIT SYSTEM**

# QATAR STEEL COMPANY Q.S.C

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## REVISION HISTORY

Revision No.	Issue Date	Amendment Description	Date Effective	Revalidated
00	01/06/2006	First Issue	01/06/2006	01/04/2008
01	01/04/2008	Revised; Introduced new logo and name	01/04/2008	01/04/2011
	01/04/2011	Checked & found OK	01/04/2011	31/03/2014
02	07/05/2014	Revised; Reflected changes as per the OSHAS Standard	07/05/2014	02/10/2016
03	02/10/2016	Revised; New Permit forms, added Permit to Work Process Flow and changed point no. 4.2.4	02/10/2016	01/10/2019
04	09/11/2016	Complete Revision with reference to QP and HSE (UK) Guidelines and Existing Practices	09/11/2016	08/11/2019
05	08/01/2018	Complete revision with gap analysis and participation by user departments. Upgrade to permit forms, process flow and alignment with Isolation procedure	08/01/2018	07/01/2021

**Work Permit System**

**Prepared By:**  
HSE Department

**Issued By:**  
HSE Department

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## 1. Internal Controls

### 1.1. VALIDATION

To assure Management's, Shareholder's and External agencies confidence in the company's policies & practices, Qatar Steel internal Audit may verify, compliance with this procedure. [Department Manager] shall revalidate this procedure every three years to ensure that it continues to serve the purpose intended.

### 1.2 EMPLOYEE RESPONSIBILITIES

All employees of the company are required to observe the company's policy and procedures.

### 1.3 APPROVAL

**This procedure and any amendments made thereto; require the following approvals.**

AUTHORITY



**Approved by**  
Ali Bin Hassan Al-Muraikhi  
MD & GM

DATE

8-1-2018



**Checked by**  
Anthony Norton Nash  
Manager, HSE

8-1-2018



**Drafted by**  
Yousef Rashid Al-Suwaidi  
Head of Section - HSE

8.1.2018

This document has been reviewed by the Document Controller. It complies with the requirements of policy 1.12.0.2.01.01 and it is considered ready for issue.

**Signed by**  **Date** 08.01.2018

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## 2.0 Purpose

The overall Purpose of Work Permit System is to provide a formal system to allow specified maintenance work inside Qatar Steel premises, to start, continue and get completed in a safe manner.

The Work Permit System ensures that personnel engaged in a specific activity are formally made aware of the hazards involved in carrying out their work. It highlights the precautions that have to be taken to ensure that the activity is carried out in a controlled and safe manner, without any injury to personnel and /or damage to plant equipment & environment.

The Work Permit System is designed to ensure that work performed within Qatar Steel premises is recorded and conducted in a safe, coordinated and consistent manner.

**Note: The submission of a work permit is not the only requirement for performance of work in Qatar Steel premises. Other relevant procedures must also be followed to ensure that the job is completed safely. Furthermore, a party shall not be relieved of responsibility for the safe performance of work simply because it has complied with this procedure.**

## 3.0 Scope

This procedure addresses permit requirements for all types of work performed within Qatar Steel premises, along with the respective responsibilities of involved parties. For purposes of this procedure, all types of work are grouped into two broad classes: Hot Work or Cold Work. Within these classes there are different types of work, including:

- Excavations
- Work inside the confined space
- Maintenance work (mechanical, electrical, instrument, civil, etc.)
- Construction and project work
- Alterations / modifications (Ex. removal of safety guard, safety protections, safety devices)
- Process equipment cleaning activities
- Working at height involving climbing on scaffolds, over 1.8 meters, for any activity other than visual inspection, laser temperature measuring and vibration monitoring. (Ex. hand tool work, servicing of air conditioners and painting)
- Non-routine work (ex. Building modification, civil, mechanical, electrical or AC work in buildings like workshops, warehouse, etc.)
- Radiography
- Qatar Steel port section land-based cargo operations (Stevedoring), underwater maintenance, marine construction
- Qatar steel owned / managed accommodations especially where the risk is high due to increased number of persons at risk
- For routine jobs, which is a part of Manufacturing Process, the Department Managers shall decide on such jobs requiring permits after putting into place all necessary control measures including Risk Assessment and communicate to concerned departments and their employees operating within the same area who may be affected due to this decision.

## 4.0 Introduction

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4.1 Working in a steel plant involving hazardous material presents various risks. In order to provide safe-working conditions, a Work Permit System shall be followed. The Work Permit specifies the conditions and process for safe execution of the work and allows the work to be carried out under controlled conditions.

4.2 The basic purpose of the Work Permit System is to assign the responsibility of each party for the safe execution of the work; i.e. prevent injuries to personnel, protect property from damage, avoid fire / explosion and ensure that all work is carried out in the safest possible manner.

4.3 The Work Permit authorizes specific work to be carried out in Work Permit Area (Qatar Steel premises) and serves as an official document of conditions and requirements as agreed upon between Issuing and Executing Authorities

4.4 The conditions set out in the Work Permit are meant as general guidelines and shall not be assumed to cover every condition or circumstances that may be present or may arise during the course of work. The Permit itself does not make the job safe but shows to what extent the job has been made safe.

4.5 Issuers, Executors and their line leaders are responsible and accountable to ensure strict compliance at all levels to all requirements of the work permit system.

## 5.0 Definitions

**Area in charge** - The Area in Charge is a person authorized by Manager who will be responsible for keeping his area and staff safe (for all three shifts). Their responsibility includes Management of people, Processes, Materials, Equipment, Infrastructure, Contractors, Sub Contractors, Visitors & Environment.

**Work Permit** is a documented format that authorizes certain people to carry out specific work within a specified time frame/area. It sets out the precautions required to complete the work safely, based on a risk assessment.

**Issuer** must be a person who is trained, competent and authorized to issue a Permit to Work after ensuring that all the hazards, associated with the work being done in that area, have been identified and all necessary safety precautions are being implemented to ensure that the work can be completed safely.

**Executor** must be a person who is trained, competent and authorized who is responsible for the work being completed as described in the Permit to Work. The Executor must ensure that the work being done has been adequately described so that all associated hazards and risks can be identified.

**Cold Work** includes, but is not restricted to:

- Work on equipment or plant components that are under pressure or are energized in some form (e.g. mechanical energy);
- Work on equipment or plant components that contain hazardous materials;
- Work on vessels (e.g. tanks, pressure vessels);

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- Mechanical Isolations of pipe work, valves and associated vessels;
- General construction;
- Work on de-energised electrical circuits or on energised circuits of 120 volts or less (shop bench work will not require a permit);
- Work performed in the immediate vicinity of overhead power lines;
- Routine and Non-routine maintenance work.
- Visual inspection, laser temperature measuring and vibration monitoring do not require a permit.

**Hot work** is any work that could create a source of ignition that could result in a fire or explosion.

Examples of hot work include, but are not restricted to:

- Welding and torch cutting;
- Spark producing tools such as grinders and chippers and power tools such as electric drills;
- Use of explosives;
- Use of non-intrinsically safe electrical or electronic equipment in high risk gas areas.
- Hammering in high risk gas areas - unless spark free tools are used.

### Confined Space

**.means any place, not designed for human occupancy, including any chamber, tank, vat, silo, pit, trench, pipe, sewer, flue, well or other similar space in which, by virtue of its enclosed nature, there arises a reasonably foreseeable specified risk;**

The work activities or other conditions (examples of confined spaces include, but not restricted to:

- |                          |                                   |
|--------------------------|-----------------------------------|
| a) Open or Closed Tanks; | b) Vessels;                       |
| c) Towers;               | d) Furnaces;                      |
| e) Sewers;               | f) Sumps;                         |
| g) Dry Wells;            | h) Ventilation and Exhaust Ducts; |
| i) Flues;                | j) Vaults;                        |
| k) Pipes;                | l) Reactors;                      |
| m) Chambers;             | n) Boreholes;                     |

**Excavation** means a process of moving earth, rocks or other materials with tools, equipment or explosives. It includes earthworks, trenching, wall shafts, tunneling and underground work, using manual or mechanised methods.

**Gas Testing** means the required Gas analysis like Oxygen content inside vessels for confined space entries, LEL % for hot works, H2S and Carbon Monoxide gas levels for confined space & hot works. It has to be done by a trained, certified and authorized person from Issuing Authority before handing over the job to the Executing authority. Continuous gas monitoring will be done by trained and authorized executing member.

## 6.0 Types of Work Permits & Authorisation

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There are four types of Work Permits at Qatar Steel with specific colors assigned for easy identification. Other "Associated authorisation" are also required depending on the nature of work.

- a) **Cold Work Permit** (green in colour) is required for any work that does not involve use of or generate a source of ignition
- b) **Hot Work Permit** (red in colour) is required for any work that involves use of or generates a source of ignition capable of igniting a flammable mixture or combustible material
- c) **Confined Space Entry Authorization** (yellow in colour) is associated with work permit for personnel entry into a confined space
- d) **Excavation Authorization** (white in colour) is associated with work permit for excavation work
- e) **Other Authorization** such a, Photography & Videography Permit, Vehicle Entry Certificate, Electrical Isolation Tag shall also be required as applicable.
- f) **Radiography permit** will be issued by a competent person from the HSE Department to any party who is authorized to use a radioactive element or ionizing radiation.

## 7.0 Authorized Signatories

**Department Managers** shall formulate a list of the following for their Departments and forward the same to all concerned departments including HSE – based on their competency related to the job – (Qualification – Knowledgeable in Standard Operating Procedures , Safety Work Practices, PPE, Emergency actions, First aid, Firefighting, work place hazards and the possible changes in site conditions that can make the site / situation more hazardous etc. – Skills – Experience – Training and Attitude, Hazard Identification & Risk Assessment) and trained in the work permit, He shall be fully conversant with Confined Space Entry, Cold works, Hot works, Electrical works / isolation.

For QS employees: -

- a) Permit issuers
- b) Permit Executors
- c) Field operator
- d) Authorized Gas Tester
- e) Authorized Isolators (Electrical / mechanical / Hydraulic / Instrumentation, etc)
- f) Excavation Authorizers
- g) Responsible person to Audit the system
- h) Job Watcher for Confined Space Work

For Authorized Contractors: -

Note: As a minimum requirement the Contractor shall follow the QS work permit system.

- a) Permit issuers (For green field projects / independent contractors)

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- b) Permit Executors
- c) Field operator
- d) Authorize Gas Tester
- e) Authorized Isolators (Operations / Electrical / Mechanical / Hydraulic / Instrumentation)
- f) Responsible person to Audit the system
- g) Job Watcher for Confined Space Work

For special circumstances such as shutdown and where the risk level is very high – shall appoint a competent person(s) to manage all of the permit flow.

Department Manager shall provide clear information for all the issuers / executors on the type of job / tasks / activity authorization considering the authorized person’s limitations based on their competency.

### 8.0 Issuer Responsibilities

- a) Work permit Issuers must ensure that all permit requirements are **pre-planned & ready** prior to start of work by necessary coordination with all parties.
- b) The Issuer is responsible to ensure that the Site Risk Assessment & Process **Risk assessment**, if applicable, are completed prior to issuing the work permit. The Issuer and Executor shall also eliminate all the hazards wherever possible and if not, and then both must reduce the risk to ensure that the work is performed safely.
- c) The Issuer is responsible to ensure the handing over of the **equipment** in safe condition to perform the work.
- d) Where there are multiple tasks to be performed affecting the activity and increasing the hazard to each other, Issuer must ensure that only one task is performed at one single point for the same location of work. In case there is more than one work to be undertaken at the same location, then the **priority** and **timing** of work should be preplanned.
- e) Issuer must ensure that the following documents are attached to the work permit and the same shall be **communicated** by the executor to all members in the working group via Tool Box Talk focusing on activity hazards and the key risks associated with the task.
  - 1) HIRA- For all activities
  - 2) JSA- For all high-risk activities & for low risk activities if HIRA is not available
  - 3) SOP- For routine & non-routine activities
  - 4) Method Statement- For all contract activities and activities that are not covered in a SOP.
  - 5) Tool Box Talk - A copy of Tool Box Talk attendance sheet to be attached before commencement of the work.
  - 6) Lift Plan- For Lifting activities performed by Mobile Crane.

\* For Contractor- Method Statement, JSA & Tool Box Talk records are mandatory

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- f) The Issuer is further responsible for:
  - 1) **Verifying** that all the Executor’s submitted documentation is relevant to the task being performed i.e. Method Statements, Job Safety Assessment, Lifting Plan, HIRA, etc.
  - 2) The issuer should know the **total number of persons** working, including contractors, and where they are working.
  - 3) Appointing an **Authorised Gas Tester (AGT)** to perform the required gas tests
  - 4) Prescribe ongoing gas testing requirements in accordance with the work being performed.
  - 5) Ensuring that the Executor works in accordance with the permit requirements.
  - 6) Signing off permits when the required work has been completed.
- g) Maintain the QS Permit Log Register as per Appendix ‘F’
- h) Shall also assign a Field Operator for the work permit, if required.

## 9.0 Field Operator Responsibilities

The **Field Operator** shall read the work permit, check the site compliance to permit conditions and sign original permit. The Field Operator shall monitor the site conditions and executing group’s compliance to permit conditions.

## 10.0 Operation Work Permit Area

The Issuer shall define along with the Executor the boundary of the work permit area for which the permit is issued to control its hazards.

## 11.0 Work Permit Executor

### 11.1 Executor

- a) **Executor** must be a person who is trained, competent and authorized who is responsible for the work being completed as described in the Permit to Work
- b) **Contractor’s** personnel may be considered as executors, only if the Service Contractor is suitably qualified and certified and authorized by the Department Manager.
- c) Responsibility for safe execution of the job primarily lies with the QS departments including those where **contractor’s** personnel have signed as executors.

### 11.2 Executor Responsibilities

- a) Initiating the processing of work permit.

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- b) Completing all applicable sections of the work permit.
- c) Supervising the work prescribed in the work permit to ensure it is conducted in a safe manner.
- d) Notifying the Issuer of work progress and completion, and ensuring that the site is returned to a safe and operational state.
- e) Performing and documenting a hazard / risk assessment associated with the work.
- f) Accepting responsibility and accountability for compliance to Qatar Steel safety standards.
- g) **Communication & Risk Management:**
  - i. Brief the work crew through a mandatory Tool Box Talk (TBT), at the work site, about the hazards involved in the particular job, what the required PPE are, hand tools, power tools, and other equipment required and how the job can be safely executed.
  - ii. Inform the Issuer if the number of workmen or the personnel changes
  - iii. He shall ensure that the tools, equipment and accessories are in good condition, He shall apprise his workers about job hazards and provide proper PPE (personal protective equipment).
  - iv. Attach all relevant documents like method statement, job safety analysis / HIRA, rigging / lifting plan, etc. along with work permit.
- h) He shall engage competent personnel to perform the task in a safe manner. He shall also indicate the types of tools and equipment necessary for performing the work. He shall forward valid Third Party Inspection (TPI) Certificate for lifting equipment and tackle.
- i) His signature indicates understanding and compliance to relevant conditions on the permit. Adequate supervision shall be ensured for all jobs. The work permit with associated authorizations shall be available at work site.
- j) **Display of Permit** - The Original copy shall be available at the worksite at all times and will remain on the worksite until all work has been completed and subsequently signed off by the Issuing Party and Concurring Parties. Permits should be protected from direct sun, dust and moisture (insert it in transparent folder).
- k) **Transfer of Responsibility of Supervision** - Executor of **work** shall remain at the work site. In case he has to leave the site at any time, the work shall be suspended until the responsibility is transferred to another authorized executor in the work group or by renewal of the permit.

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- l) Executor shall not sign more than one critical work permit unless it is in the same location or vicinity.
- m) The power-on based trial of equipment shall not be undertaken if the work permit is not closed and the work is in progress.

## 12.0 Joint Responsibility of Issuer & Executor

### 12.1 Scope

- a) Identify the scope of PTW (Task, Time, Location, etc)
- b) Identify the type of permit required for the scope of work (Cold, Hot, Confined, and Excavation)

### 12.2 Site Inspection

- a) Before issuing the permit, the Issuer along with the Executor shall inspect the work site to identify all the hazards and the risk associated with the task. The field operator may verify the site conditions on behalf of the issuer.
- b) Prior closing of the permit, the Issuer along with the Executor shall inspect the work site for confirmation of acceptance / safe handing over the site / equipment (including housekeeping).
- c) Any party reserves the right to question the requirements and conditions contained in the Permit during the raising of a work permit. The involved parties shall resolve all such concerns in the most timely and effective manner. No party is permitted to unnecessarily and unreasonably delay the work without prior consultation and notification of all the effected / involved parties.

### 12.3 Filling of Work Permit

- a) Date of First Issue – By Issuer (Date of the first permit issued for a certain job which is under continuation and requires a second permit for completing the task)
- b) Equipment Tag number (Asset number) – Issuer
- c) Section A & B – By Executor & Issuer
- d) For section “C” & “D” Issuer, executor and isolator shall write “✓” in the ‘Yes’/ ‘No’ / ‘NA’ (not applicable) column as applicable for the conditions to be met.
- e) Section C – Worksite / Equipment preparation: By Issuer.
  - (i) By Issuer with the Isolator (Electrical / Mechanical /Utility / Hydraulic / Pneumatic / Instrumentation / facility).
  - (ii) Ensure availability of AGT / Fire extinguisher (if required).
- f) Section D – Required Protective Equipment: Issuer in consultation with the Executor.

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g) Section E – Additional Information: Issuer & Executor:

Additional information that may be required: Emergency & Rescue Plan, Process MSDS, Barricade, Access & Egress, Restricted Entry, Illumination, Signage, Work Method Statement, Job Safety Assessment / HIRA / MMI, PPE, use of personal gas monitor, Tool Box Talk, Environmental conditions, Cooling arrangements to manage heat stress, Certified Operator, Scaffold safety, Effective communication system, Ventilation, Housekeeping, Radiation, Job sequence for multiple activity, Spill containment, Material handling, Lifting activity, Falling of Object, Traffic Management. (Mention all relevant above details on the page, over leaf or attach additional documents).

h) Section F – Gas Test: Issuer:

Issuer is responsible to arrange the gas testing through an AGT. The gas testing frequency and method to be decided by the Issuer based on Risk Assessment.

i) Section G – Risk Ranking: Issuer and Executor.

- i. For every task the risk ranking, according to the HIRA should be inserted.
- ii. If the Risk is deemed to be high (greater than and equal to 15) then HSE and Departmental Manager needs to endorse the permit.

j) Section H – Permit Acceptance: Executor, Name & signature should be clearly legible.

k) Section I – Permission to proceed: Field Operator & Issuer. Name & signature should be clearly legible.

l) Section J – Permit Revalidation: Executor, Issuer & Isolator

The permit should be revalidated if the validity period is exceeded.

- i. It is compulsory to revalidate the Permit after each shift or when the Issuer or executor changes.
- ii. This depends upon the onsite availability of both the Issuer / Executor. Even if, one of them is not available, the permit should be closed or revalidated.
- iii. Revalidation of the permit is required if point 12.2 (c) arises.
- iv. Revalidation of the permit requires an onsite visit, Risk Assessment and Gas testing, if required.
- v. Revalidation of any permit can be done for a maximum of two renewals.

m) Section K – Completion Of Work: Executor.

- i. If work is completed, ensure housekeeping is done and checked 'Ok'.

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- ii. If the job is not completed, then mention “Work not completed” and if new permit is issued then mention the new work permit number which is used for continuing the same job. The executor initiates the closing of the permit by certifying that the work has been completed. Objective of closing is, “safe handing over of the site”
  - iii. In case any isolation is done, (i.e. Lock, Tag, Red Flag, blind, connection, etc.), the same should continue to remain, so that, in its absence no other person will be able to actuate the system. Such cases should be managed by the Issuer.
  - iv. The executor must sign the isolation register.
- n) **Section L – Site / Equipment Acceptance: Issuer / Isolation Authority**
- i. Prior closing of the permit, the Issuer along with the Executor shall inspect the work site for confirmation of acceptance / safe handing over the site / equipment (including housekeeping).
  - ii. The issuer authorizes the isolator to remove the isolation if the job has been completed and the system has been checked for readiness to operate.
  - iii. Work Permit should be closed by issuer **within the validity** of work permit.
  - iv. The isolator verifies that isolation has been removed.
- o) **Section M – Contact Details: Issuer, Executor & Contractor (if applicable)**

## 13.0 Work Permit Validity & Recordkeeping

### 13.1 Validity Period of Work Permit

- a) **Maximum validity of initial issue** of a Work Permit shall be for the duration of work or until the end of shift / workday, whichever is less. The issuer or executor shall not sign for duration beyond their work-hours.
- b) If the work continues uninterrupted beyond the shift, the permit can be renewed twice provided that, the job and surrounding area is re-inspected, gas tests are repeated where appropriate and accordingly renewed. The renewal of permit is a transfer of responsibility to the new Issuers / Executors and an affirmation by the issuer / executor that conditions are safe to continue the work.
- c) If work in hazardous area is not started or is stopped for over **2 hours** for any reason the permit becomes invalid. It shall be renewed before starting or

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resuming the work. The permit shall be closed, if the work is not started / resumed. The Issuer should close the permit before leaving the site.

- d) If the scope of work is changed the Permit must be closed and a new permit must be issued.
- e) The work permit shall be tracked through the entire life cycle from initiation to completion / close-out.
- f) Ensure record-keeping requirements are met and maintain daily permit log (Appendix F)

### 13.2 Suspension of Work Permit

- a) In case of an emergency/ personnel injury / dangerous occurrence, work shall be suspended and validity of any work permit ceases in the affected area.
- b) Executor or his crew shall immediately stop the work when a fire or emergency alarm is sounded or if there are any changes in the agreed permit conditions or Safety regulations are violated or a new hazardous situation appears.
- c) Approval from Incident Controller shall be obtained after necessary preliminary investigations, to resume such work. The Work Permit shall be renewed to resume the work after the fire or emergency is over.
- d) Issuer, Executor, their Supervisors or QS HSE is authorized to suspend work and withdraw the Work Permit, if the Permit conditions or Safety Regulations are violated and / or if the site conditions have changed, leading to a hazardous situation. The person stopping the work shall immediately inform the reasons for stopping to the Issuer / Executor or their line leaders.
- e) If work is not started or is suspended due to safety reasons after a Work Permit has been issued, the work shall only be started or resumed after establishing safe conditions and renewal of the Work Permit.
- f) The Issuer and Executor or any other stake holder have the Right to Stop the Work, if after inspection of the worksite and work methods; they find that conditions and measures listed in the Permit have not been followed.

### 13.3 Permit Sheet Management & Documentation

The distribution of Permit sheet is as follows:

- a) Page1 / Original marked – To be "**Available at the Work Site**" by Executor and on closing of permit, the same should be filed by Issuer.
- b) Page 2 - "Issuer's Copy" and on closing of permit, the same should be filed by Executor.



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- c) Page 3 - " Isolation Authority's copy and on closing of permit, the same should be filed by the Isolation Authority. The isolation Authority shall also maintain an Isolations Register.
- d) Different types of permits shall be filed separately in chronological order in box files for future reference.
- e) The minimum retention period of permit is for at least 6 months from the date of issue and it should be easily retrievable.
- f) Enter the Completion of Work or Permit closing in the QS Log register as per Appendix 'F'.

### 13.4 Inspection & Audit

- a) Department Manager shall assign suitably qualified and authorised person to inspect the Permit to work system to ensure its functioning properly in compliance to the procedure and is properly documented.
- b) The inspections should be carried out **on a daily basis** by the Area in-Charge to manage the PTW system within the department using the checklist. (Appendix H)
- c) On completion of the inspection, the Area in-Charge shall sign on the PTW log Register and submit the report / findings to his Department Manager on a monthly basis.
- d) HSE shall additionally audit the system through the OHSAS 18001 audit process.

### 14.0 Gas Test and Electrical Isolation

#### 14.1 Gas Test for Work Permit (Section-E)

Gas tests are required for hot work and confined space entry. It may also be required for some cold work and excavations. **Section-E: Gas Test** of Work Permit shall be filled to record results of Combustible, Toxic Gases and Oxygen concentration as applicable to the location of work.

- a) **Issuer** shall determine the requirement of gas test, the gases to be measured and frequency of repeating the test or the need for continuous monitoring. Minimum requirement shall be once at the beginning of shift/work.
- b) An **Authorised Gas Tester (AGT)**, who has a valid certification by Third Party, shall carry out the gas test using an approved calibrated gas detector. He shall check the meter in fresh air and keep it on before actual test. In cases where the potential risk is very high, the AGT can test it with another detector for confirmation.

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- c) **Combustible gas** is measured as a percentage of Lower Explosive Limit (%LEL). For hot work, the reading at the point of work shall not exceed 1%, preferably 0% of the LEL. For cold work breathing area shall be less than 10% of the LEL.
- d) Gas tester wearing SCBA or carrying an escape mask shall test for **Toxic gas**, if the presence of toxic vapor or gases is known or suspected.
- e) **Temperature and humidity** are related to each other and do not have fixed limits. Precautions shall be taken such as air conditioning, work time adjustment.

## 14.2 Electrical, Mechanical and Process Isolation (Section-C) (Refer to Loto Procedure)

- a) Before a Work Permit can be issued, it is essential to ensure that the equipment / facility to be worked on is safe by isolating all energy sources to the extent necessary for the safe execution of the authorized work.
- b) Issuer, Executor and Isolator shall jointly decide the extent of isolation required and fill in Section (C) of the Work Permit.
- c) An authorised Isolator shall isolate the energy source of the equipment to be worked on and then sign the permit.
- d) “Not applicable” option can be used when the isolation is not required (i.e. the work is not connected to an energy source).
- e) When particular work requires the power to be “ON” for some task (ex: vibration monitoring, instrument checking, etc) all necessary precautions need to be taken by a competent person and ensuring that there is no possibility of any harm occurring.
- f) Use “DO NOT OPERATE” tag option, when isolation by local switch is decided as adequate protection. Executing authority shall fill and hang this tag at the switch & Communicate to all.
- g) **MULTILOCK SYSTEM** (where available) shall be used when different crafts are involved. This is the safest way of ensuring protection from hazards. If only Electrical Maintenance is involved they may use single lock. After installing locks and signing the permit, the keys of the locks shall be retained by the respective locking authorities until the job is completed.
- h) Keys shall be transferred and multilock signatures renewed when the permits are renewed. On completion of work, executor & issuer shall remove their tags / locks and close the permit.
- i) Circuit shall not be re-energized until the task is completed and the permit is closed, (Positive isolation -- the equipment should not operate even if the equipment is operated accidentally).

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## 15.0 Cold Work Permit

A Cold Work Permit shall be obtained for all general work that does not involve activities related to hot work, i.e. the tools and equipment used or the work itself do not generate any spark.

- a) Ex: Routine maintenance, inspection and condition monitoring activities using proper hand tools.
- b) Excavation by hand tools, erection of scaffolds & barricades, chemical cleaning and use of air driven power tools which do not generate sparks during use.
- c) Opening of process equipment such as, vessels, towers, pumps, compressors, heat exchangers, filters, tanks, etc.
- d) Blinding (Spading), blanking, breaking of flanges and unions, tightening of flanges, hot bolting, cold cutting, hot work preparations, etc.
- e) Industrial radiography using ionizing radiation source (excluding X-ray generators).
- f) Each Permitted activity needs to be risk ranked based on HIRA. All permits that are classified as high risk should be countersigned by HSE & Departmental Manager or authorized delegate.

## 16.0 Hot Work Permit

A Hot Work Permit shall be obtained for all work that involves activities with tools and equipment, or the work itself, that could generate spark or be a source of ignition.

- a) The issuer of the Hot Work Permit is responsible for ensuring that the site and the equipment (vessel, piping, etc) are properly prepared to prevent the danger of fire & explosion involving flammable material.
- b) Issuer shall ensure that, the equipment is emptied, cleaned of flammable materials and isolated from all sources by means of disconnection, blanking or insertion of blinds. Isolation by closed valve only is allowed. if, there is no other possible way of isolation and mechanical isolation has been done. This must be approved by QS Safety.
- c) Issuer & executor shall ensure that, within **10 meters** of a hot work site, any sample point, drain, surface manhole cover or relief valve outlet are covered to prevent the escape of flammable gas and vapors (sealed using flame-retardant tarpaulin, wet rags or metal plate). They shall also ensure that, these seals are maintained in good condition.
- d) If there are any open drains or ditches into which flammable liquid can escape, the same shall be dammed and pumped dry. Outlets of all unit drains shall be plugged to isolate them from the rest of the sewer system.

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- e) Authorized Gas Tester (AGT) shall conduct the test for flammable gases (%LEL). **LEL test is mandatory for all hot work at DR, Gas Metering Station, Gas Pipe line areas**, as well as any area where the presence of flammable gas is possible.
- f) For Hot cutting a long gas pipe, a cold cut or hole shall be made to test for combustible gases at the point of the cut.
- g) Issuer & executor shall ensure that heavy oil deposits, dried vegetation or other flammable/combustible materials within **5 meters** of a hot work site are cleared.
- h) If hot work is to be done at height, then precautions shall be taken to prevent the spread of sparks and molten metal by surrounding the work area with fire-resisting/flame-retardant tarpaulin or metal sheets. Proper ventilation/ air circulation for the welder should be ensured. Barricade should also prevent direct eye contact of others with welding arc.
- i) Issuer shall arrange water for quenching sparks or molten slag and will give clearance for the executor to use it –Firefighting equipment may not be used for quenching as per NFPA standards.
- j) The Executor will arrange minimum of **2 fire extinguishers** within **8 meters** from the place of hot work.
- k) Executor shall ensure grounding/bonding to avoid static (sand blasting, spray painting, refueling, etc.)
- l) Issuer shall inform the QS Fire Station about critical hot work (ex. welding in process area).
- m) Executor shall ensure that the work area be made safe at the end of the job/work-day.
- n) Each Permitted activity needs to be risk ranked based on HIRA. All permits that are classified as high risk should be countersigned by HSE & Departmental Manager or authorized delegate.

## 17.0 Confined Space Entry Authorization

- a) Follow the confine space entry procedure # 2.32.2.1.13.01 and refer to the Confined Space Assessment Register.
- b) Work within a confined space requires a Confined Space Entry Authorisation in addition to the hot or cold work permit. Serial number of work and entry authorisation permits shall be cross-referred in each permit.
- c) Permit Issuer shall ensure the competence of contractors and employees before issuing the Confined Space Permit.

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## 18.0 Excavation Authorization

- a) Follow the **EXCAVATION** procedure # 2.32.2.1.12.01.
- b) An excavation authorization associated with the work permit is required for all excavations (Excavation and Civil Work for details). A copy of the authorization shall be attached to the work permit.
- c) For excavations more than **1.2 meters** deep a Confined Space Entry Authorization is also required.

## 19.0 Training

The below mentioned QS employees including Contractors should be trained on this procedure and update their records in the training register:

- a) Permit issuers
- b) Permit Executers
- c) Field operators
- d) Authorized Gas Testers
- e) Authorized Isolators (Electrical / mechanical / Hydraulic / Instrumentation, ETC)
- f) Excavation Authorities
- g) Responsible persons to Audit the system

## 20.0 Exceptions

- a) The conditions set out on the Work Permit are meant as general guidelines and shall not be assumed to cover every condition or circumstances that may be present or may arise during the course of work. The Permit in itself does not make the job safe but shows to what extent the job has been made safe.
- b) Issuers, Executers and their line leaders are responsible & accountable to ensure strict compliance at all levels to all requirements of the work permit system.
- c) **Areas which are maintained / used / under control of more than one department / section:**

A joint consensus is required by the departments. The area in charge's involved in completing the task must make a common documented procedure. It should define the scope of work and the issuing of the permit to work with clear roles and responsibilities for each party. This procedure must be approved by their respective Department Managers and thereafter communicated to all concerned stakeholders operating within the same area, who may be affected due to this decision. This procedure should consider competencies and carrying out the job safely for preparing all relevant documents, e.g. Job Safety Analysis, Method Statement, etc.

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## **When dealing with contractors and its sub-contractors for which the task is outsourced:**

For managing outsourced jobs, the Department's Manager managing the contractor shall appoint an Area in-Charge, who in turn shall ensure, through periodic inspections of the permit to work system, effective implementation.

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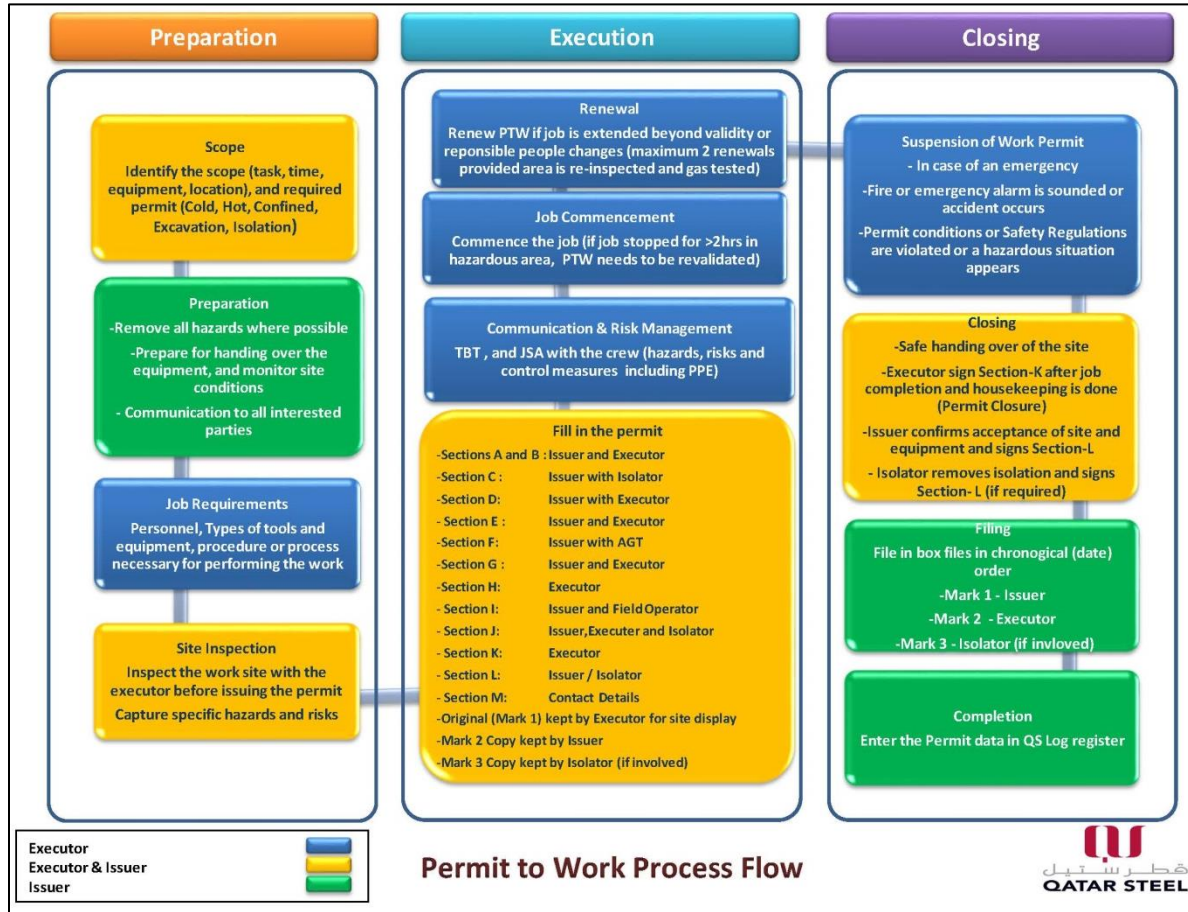
## **Work Permit System**

**Prepared By:**  
HSE Department

**Issued By:**  
HSE Department

Procedure	2.32.2.1.06.01
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## 21.0 Permit to Work Process Flow



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## Appendix 'A'

### Cold Work Permit

<b>QATAR STEEL</b>		<b>COLD WORK PERMIT</b>				Permit No. C					
Executing Department		Section		Equipment Tag No.							
Issuing Department		Section		Date of First Issue:							
A. Validity of Permit		Date:		From:		To:					
B. Description of Work:											
Tick <input checked="" type="checkbox"/> in appropriate Box											
C. Worksite / Equipment preparation		Yes	No	N/A	D. Required Protective Equipment		Yes	No	N/A		
1 Has been thoroughly depressurized					1 Mandatory PPE						
2 Has been drained					Safety Helmet, Safety Shoes &						
3 Has been water flushed					2 Eye, Hearing Protection						
4 Has been purged with inert gas					Safety Goggles / Spectacles						
5 Has been ventilated					Face Shield						
6 Is the area cleared of combustible materials					Ear Muff / Plugs						
7 Is adequate Fire Extinguisher arranged					3 Gloves : Cotton / Leather / PVC / Rubber						
8 Is cordoning off and covering the work area required and done					Gloves: Other type specify _____						
9 Is Gas Analysis performed					4 Body Protection						
10 Should Gas analysis be repeated					PVC Apron						
If Yes, Time Frequency					Leather Overall						
11 Is Prime mover (Motor/Generator) disconnection necessary					Alluminised Jacket						
12 Mechanical Isolation					Other Suits						
Blinds					5 Gum Boot (In place of safety Shoe)						
Disconnection					6 Respiratory Protection						
Red Tag & Lock: Emp No.					Dust Mask						
13 Electrical Isolation:					Gas / Fume Mask						
Equipment Name / Equipment Number					Breathing Apparatus - SCBA / Airline						
Lock Out (Lock No.)					7 Full Body Safety Harness						
Use Red Tag: Employee No:					8 Radiation Protection Equipment						
Name of Isolator: _____		Signature			9 Other Protection (if any)						
E. ADDITIONAL INFORMATION:											
F. GAS TEST						Frequency: Every		Hours			
Date						Accepted Level					
Time						19.5 - 22.5					
Oxygen %						Refer Page 3 rear side					
Combustible LEL %						< 10 PPM					
Toxic Gas - H2S PPM						< 25 PPM					
Toxic Gas- CO PPM											
Name of AGT											
Signature											
G. RISK RANKING (Signature required in case of High Risk Activity)						Risk Number of the activity per HIRA Register					
HSE Authority			Department Manager								
Signature:			Signature:								
H. Permit Acceptance: I understood the job explanation, preparation and precautions to be taken while executing, will inform the Issuer about any discrepancies.				I. Permission granted for work to commence							
Executor				Authorisation		Field Operator		Issuer			
Name				Name				Name			
Employee No				Employee No				Employee No			
Signature				Signature				Signature			
J. PERMIT REVALIDATION : Compulsory revalidation after the validity period / change of authorized person(s)											
Date & Time											
Valid Up to											
Executing Authority		Name:		Sign:		Name:		Sign:			
Issuing Authority		Name:		Sign:		Name:		Sign:			
Isolation Authority		Name:		Sign:		Name:		Sign:			
K. COMPLETION OF WORK				L. SITE / EQUIPMENT ACCEPTANCE							
Work completed <input type="checkbox"/>		Housekeeping done & checked		Work checked and site / equipment taken over back after maintenance.				Isolation Lock & Tag shall be normalized / removed. <input type="checkbox"/>			
Work not Completed <input type="checkbox"/>		Remarks:		Isolation to remain in place. (Y / NA)				Isolation (Lock & Tag) is continued. (Y / NA) <input type="checkbox"/>			
Date:		Time:		Date:		Time:		Date:		Time:	
Executor:		Signature:		Issuer:		Signature:		Isolator:		Signature:	
M. CONTACT DETAILS:						Ambulance/Fire: 8333		Clinic: 8291 / 8292			
Executor:		Issuer:		Name of contractor Person:		Isolator:		Contact No.			
N. DISPLAY OF WORK PERMIT											1
1. Executing Authority & For site display 2. Issuing Authority 3. Isolation Authority											

## Work Permit System

**Prepared By:**  
HSE Department

**Issued By:**  
HSE Department



# QATAR STEEL COMPANY Q.S.C

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## Appendix 'B'

### Hot Work Permit

<b>HOT WORK PERMIT</b> <span style="float: right;">Permit No. H</span>									
Executing Department		Section		Equipment Tag No.					
Issuing Department		Section		Date of First Issue:					
A. Validity of Permit		Date:		From: To:					
B. Description of Work:									
Tick (✓) in appropriate Box									
C. Worksite / Equipment preparation		Yes	No	N/A	D. Required Protective Equipment		Yes	No	N/A
1 Has been thoroughly depressurized					1 Mandatory PPE				
2 Has been drained					Safety Helmet, Safety Shoes & Jacket/Coverall				
3 Has been water flushed					2 Eye, Hearing Protection				
4 Has been purged with inert gas					Safety Goggles / Spectacles				
5 Has been ventilated					Face Shield				
6 Is the area cleared of combustible materials					Ear Muff / Plugs				
7 Is adequate Fire Extinguisher arranged					3 Gloves : Cotton / Leather / PVC / Rubber				
8 Is cordoning off and covering the work area required and done					Gloves: Other type specify _____				
9 Is Gas Analysis performed					4 Body Protection				
10 Should Gas analysis be repeated If Yes, Time Frequency					PVC Apron				
11 Is Prime mover (Motor/Generator) disconnection necessary					Leather Overall				
12 Mechanical Isolation					Alluminised Jacket				
Blinds					Other Suits				
Disconnection					5 Gum Boot (In place of safety Shoe)				
Red Tag & Lock: Emp No. _____					6 Respiratory Protection				
Electrical Isolation:					Dust Mask				
Equipment Name / Equipment Number					Gas / Fume Mask				
Lock Out (Lock No. _____)					Breathing Apparatus - SCBA / Airline				
Use Red Tag: Employee No: _____					7 Full Body Safety Harness				
Name of Isolator: _____					8 Radiation Protection Equipment				
Signature _____					9 Other Protection (if any)				
E. ADDITIONAL INFORMATION:									
F. GAS TEST						Frequency: Every _____ Hours			
Date						Accepted Level			
Time						19.5 - 22.5			
Oxygen %						Refer Page 3 rear side			
Combustible LEL %						< 10 PPM			
Toxic Gas - H2S PPM						< 25 PPM			
Toxic Gas- CO PPM									
Name of AGT									
Signature									
G. RISK RANKING (Signature required in case of High Risk Activity)						Risk Number of the activity per HIRA Register			
HSE Authority			Department Manager						
Signature:			Signature:						
H. Permit Acceptance: I understood the job explanation, preparation and precautions to be taken while executing, will inform the Issuer about any discrepancies.						I. Permission granted for work to commence			
Executor			Authorisation		Field Operator		Issuer		
Name			Name		Name		Name		
Employee No			Employee No		Employee No		Employee No		
Signature			Signature		Signature		Signature		
J. PERMIT REVALIDATION : Compulsory revalidation after the validity period / change of authorized person(s)									
Date & Time									
Valid Up to									
Executing Authority					Name: Sign:				
Issuing Authority					Name: Sign:				
Isolation Authority					Name: Sign:				
K. COMPLETION OF WORK									
Work completed <input type="checkbox"/> Housekeeping done & checked					L. SITE / EQUIPMENT ACCEPTANCE				
Work not Completed <input type="checkbox"/> Remarks:					Work checked and site / equipment taken over back after maintenance. <input type="checkbox"/> Isolation Lock & Tag shall be normalized / removed. <input type="checkbox"/>				
Date: Time:					Remarks: Isolation to remain in place. (Y / NA) <input type="checkbox"/> Isolation (Lock & Tag) is continued. (Y / NA) <input type="checkbox"/>				
Executor: Time:					Remarks:				
Signature:					Date: Time:				
					Date: Time:				
					Date: Time:				
					Date: Time:				
					Date: Time:				
M. CONTACT DETAILS:									
Executor:					Ambulance/Fire: 8333				
Issuer:					Clinic: 8291 / 8292				
Name of the contractor:					Isolator:				
Name of contractor Person:					Contact No.				
N. DISPLAY OF WORK PERMIT									
1. Executing Authority & For site display 2. Issuing Authority 3. Isolation Authority									

## Work Permit System

**Prepared By:**  
HSE Department

**Issued By:**  
HSE Department

# QATAR STEEL COMPANY Q.S.C

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## Appendix 'C'

### Confined Space Entry Permit

<b>CONFINED SPACE ENTRY PERMIT</b> <span style="float: right;">Permit No. CS</span>												
Executing Department			Section			Equipment Tag No.						
Issuing Department			Section			Date of First Issue:						
A. Validity of Permit		Date:		From:		To:						
B. Description of Work:												
Associated Work Permit (s)			Cold Work Permit No :			HOT Work Permit No :						
Tick <input checked="" type="checkbox"/> in appropriate Box												
C. Worksite / Equipment preparation			Yes	No	N/A	D. Required Protective Equipment			Yes	No	N/A	
1	Has been thoroughly depressurized					1	Mandatory PPE					
2	Has been drained					2	Safety Helmet, Safety Shoes &					
3	Has been water flushed					2	Eye, Hearing Protection					
4	Has been purged with inert gas					2	Safety Goggles / Spectacles					
5	Has been ventilated					2	Face Shield					
6	Is the area cleared of combustible materials					2	Ear Muff / Plugs					
7	Is adequate Fire Extinguisher arranged					3	Gloves : Cotton / Leather / PVC / Rubber					
8	Is cordoning off and covering the work area required and done					3	Gloves: Other type specify _____					
9	Is Gas Analysis performed					4	Body Protection					
10	Should Gas analysis be repeated					4	PVC Apron					
10	If Yes, Time Frequency					4	Leather Overall					
11	Is Prime mover (Motor/Generator) disconnection necessary					4	Alluminised Jacket					
11	Mechanical Isolation					4	Other Suits					
12	Blinds					5	Gum Boot (In place of safety Shoe)					
12	Disconnection					6	Respiratory Protection					
12	Red Tag & Lock: Emp No.					6	Dust Mask					
13	Electrical Isolation:					6	Gas / Fume Mask					
13	Equipment Name / Equipment Number					6	Breathing Apparatus - SCBA / Airline					
13	Lock Out (Lock No. _____)					7	Full Body Safety Harness					
13	Use Red Tag: Employee No: _____					8	Radiation Protection Equipment					
13	Name of Isolator: _____		Signature			9	Other Protection (if any)					
E. ADDITIONAL INFORMATION:												
F. GAS TEST												
Date			Frequency: Every	Hours		Accepted Level						
Time			19.5 - 22.5			Refer Page 3 rear side						
Oxygen %			< 10 PPM			< 25 PPM						
Combustible LEL %												
Toxic Gas - H2S PPM												
Toxic Gas- CO PPM												
Name of AGT												
Signature												
G. RISK RANKING (Signature required in case of High Risk Activity)												
HSE Authority			Department Manager			Risk Number of the activity per HIRA Register						
Signature:			Signature:									
H. Permit Acceptance: I understood the job explanation, preparation and precautions to be taken while executing, will inform the Issuer about any discrepancies.					I. Permission granted for work to commence							
Name			Executer		Name		Authorisation		Field Operator	Issuer		
Employee No					Employee No							
Signature					Signature							
J. PERMIT REVALIDATION : Compulsory revalidation after the validity period / change of authorized person(s)												
Date & Time			Valid Up to			Executing Authority	Name:	Sign:	Name:	Sign:		
Issuing Authority	Name:	Sign:	Isolation Authority	Name:	Sign:	Name:	Sign:	Name:	Sign:			
Isolation Authority	Name:	Sign:	Name:	Sign:	Name:	Sign:	Name:	Sign:	Name:	Sign:		
K. COMPLETION OF WORK					L. SITE / EQUIPMENT ACCEPTANCE							
<input type="checkbox"/>	Work completed		Housekeeping done & checked		<input type="checkbox"/>	Work checked and site / equipment taken over back after maintenance.		<input type="checkbox"/>	Isolation Lock & Tag shall be normalized / removed.			
<input type="checkbox"/>	Work not Completed		Remarks:		<input type="checkbox"/>	Isolation to remain in place. (Y / NA)		<input type="checkbox"/>	Isolation (Lock & Tag) is continued. (Y / NA)			
Date:	Time:		Date:	Time:		Date:	Time:		Date:	Time:		
Executer:	Signature:		Issuer:	Signature:		Isolator:	Signature:		Isolator:	Signature:		
M. CONTACT DETAILS:												
Executer:			Issuer:			Ambulance/Fire: 8333			Clinic: 8291 / 8292			
Name of the contractor:			Name of contractor Person:			Isolator:			Contact No.			
N. DISPLAY OF WORK PERMIT												
1. Executing Authority & For site display 2. Issuing Authority 3. Isolation Authority												

## Work Permit System

**Prepared By:**  
HSE Department

**Issued By:**  
HSE Department

# QATAR STEEL COMPANY Q.S.C

Procedure	2.32.2.1.06.01
Established	01/06/2006
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## Appendix 'D'

### Excavation Permit

Requesting Dept. →	Mait.& Eng →	Facility →	Area In-Charge →	IT Dept. →	HSE Dept. →	Requesting Dept.	
<b>EXCAVATION WORK PERMIT</b>							
(Please attach the necessary drawings)							
Date: _____					No. _____		
<b>REQUESTING DEPARTMENT</b>	Requesting Date: _____		Requesting Dept: _____		Section: _____ Shop: _____		
	Place of Work: _____						
	Reason for Excavation: _____						
	Work Executed by: _____						
	Site In-Charge (Contractor): _____			Tel. _____		Mob. _____	
	Site In-Charge (QS) & Emp No: _____			Tel. _____		Mob. _____	
	<b>Dimension of Excavation</b>		<b>Duration of Excavation</b>		<b>Nature of Excavation</b>		
	Length: _____	meter	From: _____	Actual work Started on: _____		By Hand	
	Width: _____	meter	To: _____	Completed on: _____		By Machine	
	Depth: _____	meter			<b>Mark only one</b>		
<b>Remarks</b>							
_____			_____				
<b>In-charge</b>			<b>Manager</b>				
<b>APPROVALS</b>	<b>Maintenance &amp; Engineering Department</b>						
	<b>Utility</b>						
	Portable water pipeline-	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Remarks</b>		_____	
	Sea water pipeline-	<input type="checkbox"/>	<input type="checkbox"/>				
	Drain pipeline-	<input type="checkbox"/>	<input type="checkbox"/>				
	Gas pipeline-	<input type="checkbox"/>	<input type="checkbox"/>				
_____					In-charge		
<b>Electrical</b>							
Electrical Cable line-	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Remarks</b>		_____		
Instrument cable line-	<input type="checkbox"/>	<input type="checkbox"/>					
_____					In-charge		
<b>Facility Department</b>							
<b>Area In-Charge</b>							
(For necessary safety precaution)							
<b>Remarks</b>							
_____			_____				
<b>In-charge</b>			<b>Manager</b>				
<b>HSE DEPARTMENT</b>	<b>Information Technology Department</b>						
	<b>I.T. Network Cable -</b>						
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Remarks</b>		_____
			<input type="checkbox"/>	<input type="checkbox"/>			
	_____					In-charge	
	<b>Fire Department</b>						
	<b>Fire water line-</b>						
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Remarks</b>		_____
			<input type="checkbox"/>	<input type="checkbox"/>			
	_____					Fire In-Charge	
Keep fire extinguisher nearby-	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Use warning signs-	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Use warning light during night-	<input type="checkbox"/>	<input type="checkbox"/>	Use barriers-	<input type="checkbox"/>	<input type="checkbox"/>		
Keep fire engine near by-	<input type="checkbox"/>	<input type="checkbox"/>	Use dust / gas mask-	<input type="checkbox"/>	<input type="checkbox"/>		
Keep excavation traffic board-	<input type="checkbox"/>	<input type="checkbox"/>	Use ear defenders-	<input type="checkbox"/>	<input type="checkbox"/>		
Remove debris / arrange area-	<input type="checkbox"/>	<input type="checkbox"/>	Use safety goggles-	<input type="checkbox"/>	<input type="checkbox"/>		
Hazardous item available-	<input type="checkbox"/>	<input type="checkbox"/>	Use Face shield-	<input type="checkbox"/>	<input type="checkbox"/>		
Use Breathing Appratus-	<input type="checkbox"/>	<input type="checkbox"/>	Probing-	<input type="checkbox"/>	<input type="checkbox"/>		
_____							
Safety Officer							
_____							
Manager							
<b>Any excavations involving removal of trees or plants shall obtain prior permission from Environment section</b>							
<b>Remarks</b>							

1. In case of Emergency, Please contact Ext. : 8333
2. Issue of Permit to subcontractor through Dept. Co-ordinator only

## Work Permit System



**Prepared By:**  
HSE Department

**Issued By:**  
HSE Department

Procedure	2.32.2.1.06.01
Established	01/06/2006
Issue date	08/01/2018
Valid until	07/01/2021
Revision	05

## Appendix 'E'

### Radiography Permit

	<input type="button" value="Print Form"/> <input type="button" value="Submit by Email"/>	 <b>QATAR STEEL</b>															
<b>RADIOGRAPHY WORK PERMIT</b>																	
<b>VALIDITY</b>	THIS PERMIT IS VOID FROM DATE: _____ TIME: _____ TO DATE: _____ TIME: _____																
<b>WORK</b>	Plant: _____ Location: _____  Work Description: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>																
1. Is adequate warning given to persons in the area prior to and during radiographic work <input type="checkbox"/> 2. Is evacuation of all non-radiography personnel from the unsafe area one <input type="checkbox"/> 3. Are safety features, warning signs and barriers erected to secure area <input type="checkbox"/> 4. Are the licensed persons carrying out the job equipped with personal dosimeter/survey meter <input type="checkbox"/> 5. Are other plants are informed <input type="checkbox"/> 6. Are other work permits are with drawn <input type="checkbox"/> 7. Does the information given to truck scales <input type="checkbox"/> 8. Source/ Strength <input type="text"/> <input type="text"/> Curie 9. Safe distance <input type="text"/> Meters																	
<b>Site preparation completed (Area in-charge)</b>		<b>Work area checked for housekeeping (Area in-charge)</b>															
Name/Empl.No. _____ Signature _____		Name/Empl.No. _____ Signature _____															
<b>Required protection equipment</b>	<b>Eye, Head, Hearing protection</b>	<b>Body, Hand, foot protection</b>															
<b>Respiratory protection</b> <input type="checkbox"/> Self contained BA <input type="checkbox"/> Fresh air Mask <input type="checkbox"/> Full.half face gas mask <input type="checkbox"/> Dust Mask	<input type="checkbox"/> Face Shield <input type="checkbox"/> Goggles/spectacles <input type="checkbox"/> Ear defenders	<input type="checkbox"/> Heat protective clothing <input type="checkbox"/> Gloves <input type="checkbox"/> Safety harness															
<b>Mandatory PPE</b>																	
<input checked="" type="checkbox"/> Safety Shoes <input checked="" type="checkbox"/> Safety Helmet <input checked="" type="checkbox"/> Protective Coverall																	
Special Instructions																	
Name of the contractor _____		<b>Counter Signature (as revelent)</b>															
Name & Mob.No.of the contractor RPO _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Section</th> <th style="width: 33%;">Date</th> <th style="width: 33%;">In-charge</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Section	Date	In-charge												
Section	Date	In-charge															
<b>Caution: In case of emergency, the radiation source shall be immediately retracted into its protection container and the radiography team shall evacuate the area with radiation source in its exposure protection container</b>																	
Permission granted for work to commence <b>Area In-charge:</b> _____ Signature _____ <b>Manager:</b> _____ Signature _____		I/We understand the precautions to be taken and will notify the responsible area incharge of any change in conditions, work nature or when work is completed.  <b>Contractor RPO:</b> _____ Signature _____															
Work completed, the source is packed in the container. barriers, warning signs and flashers are removed and restored the location to safe and orderly condition Date: _____ Time: _____		Permit Approved: <b>RPO (QS HSE)</b> _____ Signature _____															
<b>Responsible Executor:</b> _____ Signature _____		Permit Closed <b>RPO (QS HSE)</b> _____ Signature _____															
<b>Time of Radiography to be out of normal working hours if possible</b> The permit must be stopped together with work equipment if conditions change and in event of a hazard (fire/Gas leak etc.) or when any emergency condition emerged.																	
Please read me carefully prior to start of work																	

# QATAR STEEL COMPANY Q.S.C

Procedure	2.32.2.1.06.01
Established	01/06/2006
Issue date	08/01/2018
Valid until	07/01/2021
Revision	05

## Appendix 'F'


### QS- PTW Log Register

**QATAR STEEL WORK PERMIT LOG REGISTER**

Date	Permit		Scope of work	Location	First issued (Start) date	Validity (Hrs)	Isolation - Red Tag #	Verification of Required Documents (RA, Method Stat, Lifting Plan, Signage) Yes/ No	Date		Name of		Audited by (Daily)	
	Number	Type							Open	Close	Issuer	Executer	Name & Emp #	Signature

Procedure	2.32.2.1.06.01
Established	01/06/2006
Issue date	08/01/2018
Valid until	07/01/2021
Revision	05

## Appendix G



QS/4.5.1/PTW-01

**PERMIT TO WORK (PTW) CHECKLIST**

<b>Department / Section</b>			
<b>Permit Number</b>			
<b>Task Description</b>			
<b>Area / Location:</b>			
<b>Date / Time of Audit:</b>			
<b>Section 1 - Specification of Work</b>			
	Yes	No	N/A
1.1	Is the task description full and clear?		
1.2	Has the correct location and area been identified?		
1.3	Is it correct type of PTW for the work?		
1.4	Is the JSA required?		
1.4.1	If yes, does the JSA work scope match the description on permit?		
1.5	Is Method Statement required?		
1.5.1	If yes, is copy attached to permit pack		
1.6	Is Lifting Plan required?		
1.6.1	If yes is copy attached to the permit pack?		
1.7	Is MSDS required?		
1.7.1	If yes is copy attached to permit pack?		
<b>Section 2 – Planning and Risk Assessment</b>			
	Yes	No	N/A
2.1	Have all the potential hazards been identified?		
2.2	Is the extent of isolation required decided and filled jointly by Issuer, Executor and Isolator?		
2.3	Was the need for a Hazardous Material, Manual Handling and/or Lifting assessment correctly identified?		
2.4	Is Road Traffic Control included with the permit and relevant to the scope of work?		
2.5	Have all appropriate controls been identified?		
<b>Section 3 – Authorisation and Issue</b>			
3.1	Is the list for Authorized Permit Issuers, Field Operators, Isolators, AGT and Executors approved by individual Department Manager available?		
3.2	Are the personnel eligible to sign a work permit as issuer or executor?		
3.3	Is the QS Permit Log Register being maintained and up-to-date? ( Work Permit Number, Description of Work, Location and other details)		
3.4	Is the Gas Testing required and being done by an Authorized Gas Tester?		
3.5	Is the permit checked and signed by the Field Operator?		
<b>Section 4 – Authorisation and Issue (Worksite Audit)</b>			
	Yes	No	N/A
4.1	Has the performing authority held a pre job tool box talk?		
4.2	Do the Work Party demonstrate an adequate level of awareness of the task?		
4.3	Have all the correct authorizations been identified and given for this Permit?		
<b>Section 5 – Job Execution (Worksite Audit)</b>			
	Yes	No	N/A
5.1	Is there an up to date copy of Permit at the worksite signed by all authorized personnel?		
5.2	Is the Executor overloaded with too many permits, which can hamper effective supervision?		
5.3	Are all the Controls in place and effective?		
5.4	Have the appropriate gas tests been carried out and recorded on the Permit?		
5.5	If any PPE has been specified in a Method Statement / JSA / Hazardous Material assessment or section 2 of the Permit, is it in use and in good condition?		
5.6	Is safety equipment defined in the Risk Assessment / JSA available at the worksite?		
5.7	If The answer to 5.6 is YES, are the necessary members of work party competent to use it?		

# QATAR STEEL COMPANY Q.S.C

Procedure	2.32.2.1.06.01
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QS/4.5.1/PTW-01

Section 7- Work Party Questions		Yes	No	N/A
7.1	Did the Executor tell you about your task?			
7.2	Can you tell me about your task?			
7.3	Do you know the type of things that could go wrong during your task?			
7.4	Did anyone tell you what safety controls are in place?			
7.5	Do you know the reason you had to sign onto the Tool Box Talk?			
7.6	Are there appropriate controls in place? if not what they should be.....			
Section 8 – Confined Space		Yes	No	N/A
1	Have the conditions of the Confined Space Permit been complied with?			
2	Is positive Isolation (blind /blind flange and disconnection methods) in place?			
2.1	If yes, is Isolation Form attached to permit pack?			
3	Is the Entry person in place?			
4	Is Confined Space Entry Log attached to permit pack?			
5	Is Confined Space check list attached to permit pack?			
Section 9- Excavation Work		Yes	No	N/A
1	Is the excavation deeper than 1.2 meter?			
1.1	If yes, Has the confined Space permit been issued?			
2	Are barriers in place around the excavation?			
Section 10 – Record Keeping		Yes	No	N/A
1	Is the work permit filled, signed and closed at the completion of work or the end of last renewal whichever comes earlier?			
2	Are different types of permits filed separately in chronological (date) order?			
3	Are the work permits filed for at least six month from the date of issue/closure?			
4	Is the closing/cancellation of Work Permit recorded in QS Log register?			

**Findings:**

**Immediate Actions:**

<b>Auditor's Name:</b>	
<b>Signature:</b>	
<b>Auditee's Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Area in Charge Comments:</b>	