



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Forms/Checklists – Pressurized Line Test Permit

Document No LUS-HSE-FM4-446-062.01 Rev 1

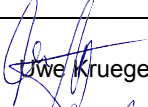

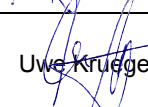
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COMPANY PROPRIETARY INFORMATION

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

Amendment Record

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev .No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford	 Uwe Krueger	1 st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford  Michael Ford	 Uwe Krueger	1 st April 2015

	Permit to Work(PTW)	LUS-HSE-FM4-446-062.01	
		Issue Date: _____	Permit #:

PERMIT VALID FOR TEST OF INDIVIDUAL SYSTEM ONLY. PERMIT SHALL NOT COVER MULTIPLE SYSTEMS. PERMIT SHALL REMAIN AT TEST SITE UNTIL TEST IS COMPLETED OR CANCELLED.

SITE LOCATION: _____

SYSTEM TO BE TESTED: _____

PURPOSE OF TEST: _____

CONTRACTOR NAME: _____

METHOD OF PRESSURIZATION (MEDIA): _____

MAXIMUM PRESSURE PLANNED: _____

PLANNED DURATION OF TEST: _____

EQUIPMENT TO BE USED FOR PRESSURIZING SYSTEM: _____

PRE-TEST REQUIREMENTS COMPLETED	YES	NO	N/A
Test area barricaded/ secured			
Personal protective equipment provided to test participants			
Spill response plan in place. Necessary equipment/ materials on site			
All required lockout/ tagout/ blockout has been performed			
Required personnel are in position			
Will test required staggered/ multiple pressure stages			
Signs are posted on system indicating test pressure and duration			
Signs are posted every 25' at a minimum along system works			
Test participants have been briefed on spill/ failure procedure			
Acceptable method of communication is in use by test participants			
System is engineered to withstand proposed test pressure			
System has been walked down to identify loose/ missing components			

CONTRACTOR SPILL/ FAILURE RESPONSE PLAN (describe): _____

AUTHORIZATION TO WORK- METHOD STATEMENT & ACTIVITY HAZARD ANALYSIS FOR THIS TEST MUST BE ATTACHED TO PERMIT & POSTED IN TEST AREA FOR DURATION OF TEST

TEST START TIME: _____ TEST START DATE: _____

CONTRACTOR HSE AUTHORIZATION: _____

CONTRACTOR TEST SUPERVISOR AUTHORIZATION: _____

SUPERVISING CONSULTANT AUTHORIZATION

NAME: _____ SIGN: _____

DATE: _____ TIME: _____

PERMIT TERMINATION- PERMIT SHALL BE TERMINATED AT CONCLUSION OF TEST OR UPON FAILURE OF SYSTEM UNDER TEST OR UPON OVER-PRESSURIZATION OF SYSTEM BEYOND PRESSURE AUTHORIZED

SUPERVISING CONSULTANT TERMINATION

NAME: _____ SIGN: _____

DATE: _____ TIME: _____