Contractor Logo	**Contractor Name** **PROJECT NAME**

STOP WORK PERMIT

Section: **Ref. No.:** **Time & Date:**

1) COMPLETE AS SOON AS POSSIBLE AFTER THE WORK STOPPAGE AND REPORT TO THE CONCERNED PEOPLE.

Company: **Stop Date:** **Stop Time:**

Stopped Activity: Site Construction Representative:

Site HSE Representative:

2) SPECIFY THE REASON OF STOPPAGE

- ☐ Fatality
- ☐ Lost Time Accident
- ☐ Third Party Audit Unacceptable Results
- ☐ Corporate Audit Unacceptable Results
- ☐ Project Internal Audit Unacceptable Results
- ☐ At Risk Behavior
- ☐ Communicate Important HSE Information

3) OBSERVATION / DESCRIPTION

4) REFERENCE TO HSEQ MANAGEMENT SYSTEM AND / OR CONTRACT REQUIREMENTS

5) ACTION FOR RESOLUTION & COMPLETION DATES	6) ACCOUNTABLE PERSON	7) COMPLETE DATE

8) CLEARANCE OF STOP WORK NOTICE

Resume Date: _____ Resume Time: _____

HSE Site Officer		**HSEQ Manager**		**Sr. Project Manager**	
Name		Name		Name	
Signature		Signature		Signature	
Date		Date		Date	
Time		Time		Time	