



PRESTART WORK NOTIFICATION FORM

SBG O&M SAFETY TEAM

Date:	التاريخ	Shop #	رقم المحل
Company:	الشركة - المقاول	On behalf of (Shop Name):	
Number of Workers:	عدد العمال	ID's Cards attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hours – See note (only if hours requested are outside Permitted hours)		Contractor:	
From Date:	من تاريخ	To Date:	الى تاريخ

Description of Work

وصف العمل

Carpentry		Electrical		Painting	
Fit out		Snagging		Hot Work (note 3)	
Layout Change		Flooring		Other	
Structural		Decorating			

General Description of Works

وصف العمل العام

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Worker's Particulars

بيانات العمال

No	الرقم	Name	الاسم	Iqama No	رقم الإقامة	Nationality	الجنسية
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Checked by

OP.SUP

Management - Approval

Department	Name	Position	Signature	Date
SSCL				
Management				
Engineering				
Fire & Safety				
Security				

- 1- Copies of Workers ID's are to be attached.
- 2- Hot Work – Permit Required.
- 3- No Smoking on site area / take care for safety & security rules1.
- 4- Please report to us if any incident/damage to the proper