**CONTRACTOR NAME**

**TRADE WORK : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **DAILY WORK REQUEST** |

To : PACNS Co., Ltd. Working Date :

Attn : Reference No. :

Interruption : Noisy Work Smelly Work Hot Work Electrical Shut-off Other

Stating Time : hrs. Ending Time : hrs. Total Working Time : hrs.

Record :

 Attachment included / No. of Page

 Request by

 ( Full Name )

 (Site / Project Manager)

 Date / /

(Work items undertaken today)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ItemNo. | Work DescriptionPlease mark asterisk (\*) at the end of sentence if it is Hot Work | Location | Time of Work | Man Power | Remark |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **HOT WORK TASK** |
| The type of the Hot Work Weld Work Cutting gas Grinding work Drilling Work  Soldering Contrary Work Other  |
| Name of Supervisor | List of safety equipment | List of safety |
|  |  Fire Resistant Canvas  | Safety Plan | Safety Equipment |
| Mobile Phone No. |  Throw in chemical Fire |  Available to detect completed |  Available |
|  |  Plywood |  To be Orientation |  Readiness |
| Area of work |  Barrier |  |  Fire host |
|  |  Chemical filer extinguishers |  |  Clear from the |
| Time of work |  Welder mask |  |  combustible material |
|  |  Goggles |  |  |
| Risk |  Protective gloves |  |  |
|  High Medium |  Safety Shoes |  |  |
|  Low |  |  |   |
| Attn: | Approve by : PACNS Co., Ltd. | Copy : |
|  Approve Approve with comments | Sign :  |  |
|  Resubmitted | Name :  |  |
| Recommendation  | Date :  |  |
|  |  |

No objection does not relieve contractors from complying to contracts.