**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)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item  No. | Work Description  Please 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.