Logo	**Health Safety Environment Project NOC Form**	**Doc Ref #**: XYZ/IMS/QHSE/F/00 **Issue Date**: DD-MM-YYYY **Rev #**: 00
	QHSE Forms	
	Organization Name	

Purpose

The form is used to give undertaking that the contractor/sub-contractor/ confirms that the following Project HSE/ Site HSE requirements shall be complied throughout the execution of the project.

Description

- Organization shall establish a project HSE Plan
- Provision of training, supervision, information and instructions to workforce
- Provision of inspected, certified, and well-maintained instruments, equipment, and tools
- Organization shall establish a preventive maintenance plan
- Organization shall conduct Hazard Identification and Risk Assessment of activities
- Development, implementation, and review of Job Safety Analysis, method statements
- Provision of First Aid boxes at worksite
- Provision of certified, trained, and experienced first aiders on worksite
- Provision of firefighting equipment, trained firefighters on worksite
- Organization shall establish and implement emergency procedure
- Organization shall establish incident reporting and investigation procedure
- Organization shall provide suitable platforms for work activities e.g., ladders, scaffolds, manlifts etc.
- Scaffolds shall be erected, inspected, and operated by competent people
- Welfare facilities shall be established at worksite for the workforce
- PPEs shall be provided to all the workforce at the worksite
- Organization shall ensure cost-effective security of the workforce

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Declaration Statement Health, Safety, Environment & Quality
No Objective Certificate for Project Activities

1. GENERAL INFORMATION			
Project Name		**Project Ref #**	
Contractor Name		**Contractor ID #**	
Site Name		**Location**	

Tick the correct option for which, NOC is required;

☐ Onsite Mobilization ☐ Sign Board Fixing ☐ Site Survey ☐ Work Initiation

Required Information & Documentation;

☐ Method Statement ☐ Risk Assessment ☐ Site Layout ☐ Job Safety Analysis

2. Submission Details – *Involved Stakeholders*

Contractor Details		Client/Investor/ Owner Details		Consultant/Architecture Details	
Name		**Name**		**Name**	
Contact #		**Contact #**		**Contact #**	
Signature		**Signature**		**Signature**	
Date		**Date**		**Date**	

3. Declaration Statement – *Tick the appropriate options below to demonstrate your compliance with your declaration statement.*

	Onsite training and job specific training shall be provided.
	Medical and emergency arrangements shall be made for workers.
	Certified and trained first aiders and firefighters shall be provided onsite.
	Suitable and sufficient Fire Extinguishers shall be provided.
	Work activities and workers shall be supervised by the competent safety officers.
	All kind of incidents and accidents shall be reported and investigated to prevent reoccurrence.
	Job specific risk assessments shall be prepared and implemented before start of job.
	Work equipment, e.g., cranes, excavators, drill machines are subject to pre-use inspection.
	Electrical equipment and tools shall be suitable, grounded, installed with fixed guards.
	Working platforms, e.g., scaffold, ladder, MEWPs, Man lifts are subject to inspection by competent person.
	Welfare facilities shall be established onsite for workers as per worker law.
	All of the workforce shall be trained for fire extinguishers use.
	Workers shall be provided with Personal Protective Equipment. Specific PPEs shall be provided for special work.
	Excavations, openings, and elevated areas with unprotected edges shall be barricaded with barriers.

We declare that the work activity shall be undertaken as per the declaration statement and [Contractor Name] shall take all safety measures to perform the job safely.

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Contractor	Consultant	Client/Investor/ Owner