



**Health, Safety & Environment Department**  
**Sanction For Test (SFT)**  
**(FM.GN.HSE.01-03)**

Sr.No:0034701

**Issue - Authorized Person (AP)**

To (CP): ----- Section / Company: -----

Location: -----

Equipment: -----

Nature and extent of testing to be done: -----

-----

-----

Points of Isolation at: -----

-----

-----

Primary Earths applied: -----

-----

Action to be taken to avoid danger by draining, venting, purging, containment or dissipation of stored energy: -----

-----

-----

Any additional precautions to be taken during the course of work to avoid system derived hazards: -----

-----

-----

Safety precautions that may be verified by the Competent Person during testing: -----

-----

-----

I hereby declare that it is safe to undertake testing on the equipment detailed above.

Authorized Person: ----- Signature: ----- Date: ----- Time: -----

**Receipt - Competent Person (CP)**

I hereby declare that I have satisfied myself that it is safe to commence testing on the equipment identified above and accept responsibility for carrying out and adequately supervising the testing as defined above.

Competent Person Signature: ----- Date: ----- Time: -----

**Clearance - Competent Person (CP)**

I hereby declare that all persons under my control have been withdrawn and warned that it is no longer safe to continue testing on the above equipment and that all tools and additional earth have been removed and the work area maintained clean and tidy leaving the equipment ready to return to operational service.

Competent Person Signature: ----- Date: ----- Time: -----

**Cancellation – Authorized Person (AP)**

I have inspected the equipment covered by this clearance and removed the primary earth and I am satisfied that it is safe to be returned to operational service and this sanction for test is hereby cancelled.

Authorized Person: ----- Signature: ----- Date: ----- Time: -----