

**SBI FACILITY RETURN TO WORK NOTICE**

Date: \_\_\_\_\_, 20\_\_\_\_

From: \_\_\_\_\_, SBI HSE

To: \_\_\_\_\_  
 \_\_\_\_\_  
*Name* *Position / Company*

**Please be advised that SBI HSE has permitted \_\_\_\_\_  
 to return to work as all of the non-compliance issues have been rectified.**

Location: \_\_\_\_\_

Contractor(s): \_\_\_\_\_  
 \_\_\_\_\_

Details: *(completed items)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This contractor must ensure that they and any of their subcontractors perform their work  
 in an acceptable and safe manner, including all safety policies and procedures as  
 directed by site HSE rules.**

Follow-up by (Name & Date):

<i>Name</i>	<i>Company</i>	<i>Action Date</i>	<i>Action Date Comp.</i>

c.c.

\_\_\_\_\_  
 General Director, \_\_\_\_\_ Co.  
 \_\_\_\_\_  
 Construction Manager, \_\_\_\_\_ Co.  
 \_\_\_\_\_  
 Zone Corporate Safety Officer Safety Boss Inc.