

SBI FACILITY STOP WORK ORDER

Date: _____, 20____

From: _____, SBI HSE

To: _____

Name *Position / Company*

Please be advised that SBI HSE has identified important safety concerns which require your immediate attention. The description of the specific location, Contractor(s) involved and recommended corrective actions for your consideration are as follows:

Location: _____

Contractor(s): _____

Details:

NO WORK MAY BE PERFORMED UNTIL SUCH TIME AS ALL OF THE ABOVE HSE INFRACTIONS ARE CORRECTED. ONLY SBI HSE MAY REMOVE THIS STOP WORK ORDER.

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.