



PENGERANG INTEGRATED COMPLEX (PIC) COMPLEX FACILITIES & SERVICES (CFS)

PETRONAS

ROAD CLOSURE PERMIT

Permit No:

- | | | |
|------------------------------|-----------------------------------|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> Extension |
| <input type="checkbox"/> NDE | <input type="checkbox"/> Blasting | <input type="checkbox"/> Abnormal Cargo Movements |
| | | <input type="checkbox"/> Others |

(A) TO BE FILLED BY APPLICANT:

APPLICANT'S DETAILS:									
Name:									
Title / Position:									
Organization / Company:									
Contact Phone Number:					eMail:				
REQUESTED DURATION OF ROAD CLOSURE:									
Start Date:		Start Time:		AM/PM	End Date:		End Time:		AM/PM
DESCRIPTION OF ROAD CLOSURE REQUEST:									
Identification of the Event / Activity's contract package:									
Description of the Event / Activity:									
Commodity Tag / ID (if applicable):									
Date of Event / Activity:		Start:			End:				
Location of Event / Activity:									
Name of affected Road(s):									
Reasons for Road Closure Request:		<input type="checkbox"/> Full Closure <input type="checkbox"/> Partial Closure							
Proposed alternative route details:									
Name of affected cross-boundary parties such as Tenant Name, Area No., Lot No. and Contract Package, if any									
APPLICANT'S SIGNATURE:									
I hereby confirm that I am authorized to make this application of behalf of the above Organization / Company, and undertake to ensure all conditions and requirements of the RCP are fully complied with before, during and after the execution of the Event / Activity. I also confirm that if I failed to ensure satisfactory reinstatement of the work location back to its original condition within 24 hours of the completion of the Event / Activity or if the RCP requirements are not implemented accordingly during the work execution, then Complex Facilities and Services (CFS) or its representative or its contractor may undertake the required reinstatement or intervention work either partially or fully, and the above Organization / Company will bear all associated cost including CFS's cost which will be non-negotiable. I also confirm that the Organization / Company will be fully liable for any impact on other parties or planned activities resulting from failure to complete the above Event / Activity within the approved period and/or to fully comply with the applicable RCP requirements.						Signature:			
						Name:			
						Date:			
						Stamp:			



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(B) TO BE FILLED BY APPLICANT:

ENDORSEMENT by TENANT NDE AUTHORITY (for NDE related application only):

I have reviewed and hereby confirmed that all supporting NDE documents are correct, the proposed NDE precautions taken for the Event / Activity are acceptable in accordance to all applicable requirements, and I therefore approve the work.

If the work involves cross-boundary parties:

- The cross-boundary parties have given their agreement, or
- The precautions taken to reduce the exclusion zone from affecting the cross-boundary parties are acceptable.

Signature:

Name:

Position:

Date:

ENDORSEMENT by APPLICANT TENANT:

I hereby confirmed that I've reviewed this application and found that everything is complete and in order. I will also provide oversight of the Event / Activity to ensure all applicable requirements related to this RCP are implemented during the execution of the Event / Activity, including the necessary reinstatement works, and I will ensure that the Event / Activity will be completed within the approved period.

Name:

Position:

eMail:

Stamp:

Date:

Signature:

(C) TO BE FILLED BY CFS TRAFFIC & LOGISTICS (CFS-RCP):

PRE-COMMENCEMENT CHECK:

Requirements:	Yes	No	N/A	Initial	Comments
▪ Application is complete (including attachments)?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ Location has been clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ Traffic Control Plan (TCP) acceptable & endorsed by CFS Traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Installation of TCP tools & signages completed once RCP approved?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ Journey Management Plan (JMP) acceptable & endorsed by CFS Traffic & Logistics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ <i>(If this application related to NDE activity)</i> Has the application been reviewed and endorsed by Tenant NDE Authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Is there any clash with other activities during the same period? If yes, has this application been given priority for the work?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ Has this application been endorsed by Applicant Tenant?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ Is there impact on TED functionality? Is mitigation acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Have all affected "cross-boundary" parties been identified, and their acknowledgements and consents obtained? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INTERFACE PRE-ACTIVITY CHECK:

Requirements:	Yes	No	N/A	Initial	Comments
▪ Security has been notified and has no objection?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ HSSE has been notified and has no objection?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ CEFS and CMS have been notified and have no objection?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ All affected packages have been notified and have no objection?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ Other relevant parties have been notified and have no objection?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ All inputs provided have been considered & incorporated?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ Duration / closure does not clash with other closures?	<input type="checkbox"/>	<input type="checkbox"/>			
▪ Alternate access is available for emergency vehicles?	<input type="checkbox"/>	<input type="checkbox"/>			

REVIEW & RECOMMENDATION (By CFS RCP Executive):

This application is recommended to be:

- Approved
- Rejected
- Resubmitted

Comments (if any):

Signature:

Name:

Position:

Date:

PERMIT AUTHORIZATION (By Head of Infrastructure Management, CFS):

This application is:

- Approved
- Rejected
- Required to be resubmitted

Comments / Other conditions (if any):

Signature:

Name:

Position:

Date:



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(D) COMPLETION & CLOSURE:

COMPLETION CHECK-LIST & CONFIRMATION:

Requirements:	By Applicant			Verification by CFS RCP Executive			Comments
	Yes	No	N/A	Yes	No	Initial	
▪ Completion notification issued to CFS RCP Executive in writing?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
▪ Work area has been cleared & reinstated?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
▪ All temporary TCP or JMP tools & signages removed?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
▪ All temporary removals or repositioning of traffic management tools have been repositions and/or reinstated?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
▪ Any incident has been reported?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

COMPLETION DECLARATION & CLOSURE OF RCP:

By Applicant	By Head of Infrastructure Management, CFS
Signature:	Signature:
Name:	Name:
Position:	Position:
Date:	Date:

COMMENTS /NOTES: