

FORM FOR EHS NOC FOR CONSTRUCTION ACTIVITIES AT NIGHT

Client / Developer Name :

Location / Plot No :

Project Name :

No. of Workers at
Night :

Main Activities :

Consultant Name :

Telephone :

Fax No. :

Email :

Name of Project Manager /
RE :

Contact Number :

Main Contractor Name :

Telephone :

Fax No. :

Email :

Name of Project Manager :

Contact Number :

We undertake to carry out the Construction activities at Night in accordance with EHS/JAFZA/DM and other relevant International Construction Safety Standards. We are aware that we are liable for financial penalties for failing to carry out our works in accordance to the aforementioned standards. We are also aware that in the event of EHS issuing Stop Work Orders or Prohibition Notices we are bound to stop work immediately in accordance with EHS Regulations & Standards.

Date : _____

(MAIN CONTRACTOR)
Name & signature of the
authorised person & his position
Company Stamp

(CONSULTANT)
Name & signature of the
authorised person & his position
Company Stamp