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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Permit No.**(Issued by Permit to Work Office) |  | **Job Start**  | **Date**  |  | **Expiry**  | **Date** |  |
| **Time** |  | **Time** |  |
| **Permit for** | □ 002- Confined Space Entry | □ 003- Electrical/ Energy Isolation Work |
| □ 004- Excavation | □ 005- Hot Works |
| □ 006- Work with Oversize-Load | □ 007- Working at Heights |
| □ 008- Work with ESD or Fire and Gas Detection System | □ Specify: |
| **AD PORTS Location:** | **□ HQ □ KP □ ZP □ MUS □ FP □ Others, Specify:** |
| **Work Location:** |  |
| **Description of Work:** |  |
|  |
|  |
| **PTW Applicant Details:** |
| **Company Name** |  |
| **Company Contact No.** |  | **Fax No.** |  |
| **Email** |  | **Address:** |  |
| **Permit Applicant** |  |
| **Contact No.** |  | **Email** |  |
| **Permit Receiver** |  |
| **Contact No.** |  | **Email** |  |
| **No. of Workers** |   | **No. of Supervisors** |  |
| **Hazard Identified** | **□ Yes □ No** | **Safety Precautions & Controls; planned or Undertaken** | **□ Yes □ No.** |
| **Attached Documents** | □ Scope of Work | □ Stakeholder Approval (NOC) | □ ADM Building Permit |
| □ Method of Statement | □ Risk Assessment | □Job Safety Analysis |
| □ Third Party Certificates | □ Engineered drawing | □ Supplementary Form |
| □ Other, Specify: |
| This Permit to Work is issued for the above work and locations ONLY and ONLY on the condition that all required documentation (e.g. risk assessment) and permits have been completed and the requirements thereof communicated to all involved persons. |

List the identified hazards and controls planned or undertaken in the respective work permit, as appropriate

|  |
| --- |
| **List of Hazards** |
| **Hazards** | **Risk Impact** | **Hazards** | **Risk Impact** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **List of HSE Precautions & Controls; planned or undertaken** |
|  |  |
|  |  |
|  |  |
| **Approval of PTW**  |
| **Comments of Permit Issuer** |  |
|  |
| **Comments of Area Owner** |  |
|  |
|  | **Name** | **Signature & Date** | **Contact No.** |
| **Permit Applicant** |  |  |  |
| **AD Ports Permit to Work Office** |  |  |  |
| **Permit Issuer** |  |  |  |
| **Area Owner 1** |  |  |  |
| **Area Owner 2** |  |  |  |
| **Assets Management Office** |  |  |  |

|  |
| --- |
| **PERMIT Close-out** |
| **□ Job Completed** | **□ Suspend** | **□ Cancelled** | **□ Revalidated** |
| **Close-out Date and time:**  |  |  |
| The work in the above location is complete. The work area/adjacent areas inspected and found safe. All workers in the area have been accounted for and equipment has been returned to a safe operating condition. Tools used in the conduct of work are accounted for. If ALL of these conditions have been met, this PTW is now close-out. |
| **Close-out Remarks:**  |  |
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| --- | --- | --- | --- |
|  | **Name** | **Signature & Date** | **Contact No.** |
| **Permit Applicant** |  |  |  |
| **AD Ports Permit to Work Office** |  |  |  |
| **Permit Issuer** |  |  |  |

**Conditions:**

1. Permit valid within the work location only.
2. In case of emergency, contact Permit to Work Office & AD PortsControl Room: **800112**
3. All completed Permits must be returned to AD PortsPermit to Work Office to enable closure of this permit.
4. This form shall be printed in one sheet (Front & Back).