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| **If the conditions or procedures specified on this permit change, Applicant shall *STOP WORK IMMEDIATELY,* and notify the Permit to Work Office / Permit Issuer** |
| ***NOTE: To be submitted along with PSS-FRM-L-400-001 (Land Permit Application)*** |

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| **Permit No.** |  | **Work Order/ Contract No.** |  |
| **Port Name:** |  | **Job Start**  | **Date**  |  | **Expiry**  | **Date** |  |
| **Time** |  | **Time** |  |
| **Permit Work Location & Description** |  |
| **No. of Workers** |  | **No. of Supervisors** |  |
| **HAZARD IDENTIFICATION** |
| Work to be Performed |
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| Hazardous Materials located and/or brought into Operation |
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| Major Equipment located or to be brought into Operation |
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| **CHECK ALL POTENTIAL HAZARDS/ RISK IMPACTS AS APPLICABLE:** |
| □ Extra Low Voltage (ELV) | □ Temperature extremes | □ Overhead activities |
| □ Low Voltage (LV) | □ Electrocution | □ Moving equipment (or parts) |
| □ Static discharge to electronic equipment | □ Poor visibility | □ Spark-producing operations |
| □ Reduction of Fire & gas detection facilities | □ Falling objects | □ Radiation |
| □ Loss of blow-down or relief systems | □ Loss of drains & vents | □ Uncontrolled induction of gas |
| **Other Anticipated Hazards** **(describe below)** |  |  |
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| **RISK CONTROLS** (check as **‘Yes’** or **‘No’** or **‘NA’** as appropriate; add rows as required) | **(Yes /No /NA)** | **Remarks** |
|  | Act in accordance with AD EHS RI- CoP- 7.0 “Fire Prevention Planning and Control” |  |  |
|  | Alternative drain paths to be provided where possible. |  |  |
|  | Alternative means of providing emergency power or lighting to be arranged. |  |  |
|  | Alternative power supplies have been provided where necessary. |  |  |
|  | Before draining down vessels to ensure the system can handle the expected volumes. Ensure there are no concealed overflow mechanisms from the drains to surrounding area. |  |  |
|  | Check all drawings before work starts for additional hazards due to common headers on drain/vent systems. |  |  |
|  | Check all non-certified electrical equipment is tagged and certified for use. |  |  |
|  | Check equipment is isolated and earthed in accordance with Electrical Safety Rules. |  |  |
|  | Drip trays/ save-alls to be in place around equipment being worked on. |  |  |
|  | Instruments and sensing lines not capable of withstanding full test pressure are removed and blanked. |  |  |
|  | Insulated hook to be provided at worksite. |  |  |
|  | Provide an insulating mat for persons to stand on when working on live terminals. |  |  |
|  | Relief valve discharge paths to be directed so that they do not endanger plant and personnel if the relief valve lifts. |  |  |
|  | Residual current earth leakage devices to be in place. |  |  |
|  | Alternative control facilities to be in place on affected equipment. |  |  |
|  | Equipment to be proved discharged and electrically dead before any work may proceed. |  |  |
|  | Lifting operations are not allowed over unprotected high pressure pipework. |  |  |
|  | Only insulated tools to be used. |  |  |
|  | Process equipment is not to be used for hand/foot holds or for supporting lifting gear or scaffolding. |  |  |
|  | Retaining fasteners should not be removed until flanges etc. have been broken and pipework equipment proved free of residual pressure. |  |  |
|  | The assembly of compression fittings only to be undertaken by competent persons. Careful checks to be made to avoid miss-match of fittings due to metrication or different makers' parts on the same fittings. |  |  |
|  | Wear an Anti-static wrist strap when working on electronic systems or components. |  |  |
|  | Whilst working on or near mechanical equipment, electrical switchgear, instruments and small bore pipework, care must be taken to avoid accidental damage. Any incident which causes damage must be reported to the control room. |  |  |

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| **ADDITIONAL HSE PRECAUTIONS, IF YES LIST THEM** |
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| **CHECK REQUIRED EMERGENCY EQUIPMENT:** |
| □ Fire extinguisher (type?)  | □ Life line/retrieval line |
| □ Emergency shower / eyewash | □ Tripod and mechanical winch |
| □ PPE (including Safety harness, coveralls, steel toe boots, hard hat, safety goggles, face shields, gloves, hearing protection)  | □ Two-way communication equipment (radio, etc.) |
| □ Breathing apparatus (BA, SCBA, etc.) | □ Source of forced/natural ventilation |
| □ Gas detectors | □ Emergency exits clear?  |
| □ First aid kit | □ Other (specify)  |

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| **PTW APPLICANT DETAILS:** |
| **Company Name** |  |
| **Company Contact No.** |  | **Fax No.** |  |
| **Email** |  | **Address:** |  |
| **Permit Applicant** |  |
| **Contact No.** |  | **Email** |  |
| **Permit Receiver** |  |
| **Contact No.** |  | **Email** |  |

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| **PTW APPROVAL (** *AD PORTS USE ONLY* **)** |
| 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. |
|  |
|  | **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 Ports Control Room: **800112**
3. All completed Permits must be returned to AD Ports Permit to Work Office to enable closure of this permit.
4. This form shall be printed in one sheet (Front & Back).