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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** |
| Description of Confined Space |
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|  |
| Description of work to be Performed in confined space |
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|  |
| Hazardous Materials located and/or brought into the Confined Space |
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|  |
| Major Equipment located or to be brought into the Confined Space |
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| **CHECK ALL POTENTIAL HAZARDS/ RISK IMPACTS AS APPLICABLE:** |
| □ Flammable gases, vapors | □ Extremes temperature  | □ Overhead activities |
| □ Steam, gas, or liquid | □ Falling objects | □ Mechanical equipment |
| □ Toxic gases | □ Noise | □ Moving equipment (or parts) |
| □ Irritant | □ Electrical | □ Spark-producing operations |
| □ Corrosive | □ Slip, trip and fall | □ Radiation |
| □ Oxygen - deficient | □ Visibility | □ Entry and exit limitations |
| □ Oxygen - enriched | □ Drowning |  |
| **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 - 27.0 “Confined Spaces” |  |  |
|  | List of people/ workers available in the worksite. |  |  |
|  | Equipment checked and safe from hazards arising from other work/ operations |  |  |
|  | SDS’s for materials in confined space or to be brought into confined space are attached |  |  |
|  | Lockout/ isolation is established |  |  |
|  | Isolation Confirmation Certificate is attached, if yes (Enter Number) |  |  |
|  | Isolation of energy is completed |  |  |
|  | Are all entry points blinded? *(Note: closing valves is not adequate).* |  |  |
|  | GFCI breakers are required on all electrical power |  |  |
|  | Gas test is carried out periodically and gas the level is maintained as per the below table. Recommend frequency |  |  |
|  | Exhaust fan / duct is provided. |  |  |
|  | Forced ventilation is established. |  |  |
|  | Explosion-proof equipment is required. |  |  |
|  | Flameproof low voltage lighting is provided. |  |  |
|  | Area is secured & barriers are established. |  |  |
|  | Communication equipment is required and available serving all purposes. |  |  |
|  | Entrants and standby personnel are trained on confined spacy entry. |  |  |
|  | Entry & exit records are maintained. |  |  |
|  | Procedure and rescue plans formulated and discussed with the Job Performer, personnel entering confined space/ vessel. |  |  |
|  | All emergency escape/ retrieval equipment are available. |  |  |

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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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| **AIR MONITORING RESULTS** *(TO BE CONDUCTED AT VARIOUS AREAS THROUGHOUT)* |
| **Date** | **Time** | **Location(s)** | **Oxygen,***(19.5-23.5%)* | **Flammability- LFL***(Less than 5%)*  | **Other Substances***(Less than Permissible Exposure Limit* | **H2S***(Less than 10 ppm)* | **CO****Carbon Monoxide***(Less than 35 ppm)* |
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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).