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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 | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Major Equipment located or to be brought into Operation | | | | | | | |
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| **Check all Potential Hazards/ Risk Impacts as applicable:** | | |
| □ Low Voltage (LV) | □ Temperature extremes | □ Moving equipment (or parts) |
| □ Stored electrical charge | □ Falling objects | □ Spark-producing operations |
| □ High Voltage (HV) | □ Noise | □ Engulfment |
| □ Static discharge to electronic equipment | □ Electrocution | □ Radiation |
| □ Loss of emergency power/ lighting | □ Slip, trip and fall | □ Poor visibility |
| □ Entry and exit limitations | □ Mechanical equipment | □ Overhead activities |
| **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- 15.0 “Electrical Safety” |  |  |
|  | Alternative means of providing emergency power or lighting to be arranged. |  |  |
|  | Alternative power supplies have been provided where necessary. |  |  |
|  | Barriers and signs are to be erected as appropriate. |  |  |
|  | All electrical equipment is tagged and certified for use. |  |  |
|  | Equipment is isolated and earthed in accordance with Electrical Safety Rules. |  |  |

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| **RISK CONTROLS** (check as **‘Yes’** or **‘No’** or **‘NA’** as appropriate; add rows as required) | | **(Yes /No /NA)** | **Remarks** |
|  | Only insulated tools are used. |  |  |
|  | Insulated hook to be provided at worksite. |  |  |
|  | An insulating mat for persons to stand on when working on live terminals. |  |  |
|  | Residual current earth leakage devices in place. |  |  |
|  | Equipment is proved discharged and electrically dead before any work may proceed. |  |  |
|  | For cable spiking “Electrical Safety Procedure” will be referred. |  |  |
|  | Anti-static wrist strap is provided when working on electronic systems or components. |  |  |

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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).