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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:** | | | | | | | | | |
| □ Unguarded opening | | □ Temperature extremes | | | | □ Mechanical equipment | | | |
| □ Excavation collapse | | □ Noise | | | | □ Moving equipment (or parts) | | | |
| □ Buried services | | □ Electrocution | | | | □ Engulfment | | | |
| □ Traffic | | □ Slip, trip and fall | | | | □ Radiation | | | |
| □ Infrastructure (HV) cables/ Pipes foundations | | □ Poor visibility | | | | □ Entry and exit limitations | | | |
| □ Falling objects | | □ Overhead activities | | | | □ Tripping hazard | | | |
| **Other Anticipated Hazards**  **(describe below)** | |  | | | |  | | | |
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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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| **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- 29.0 “Excavation” |  |  |
|  | For excavations in excess of 0.3m deep, or in the vicinity of pipe-work, cabling or foundations, an Excavation Certificate is required. |  |  |
|  | Barriers and signs are to be erected. |  |  |
|  | Beaded or blunt edged tools are to be used when working near electrical cables. |  |  |
|  | Check that the opening is fitted with guard rails and toe-boards. |  |  |
|  | Identify location of underground services before excavation. If practicable, electrical cables to be de-energized and piping systems isolated and de-pressurized. |  |  |
|  | Personnel working close to unguarded openings are to wear a safety harness. |  |  |
|  | Excavation side supports are only to erected, modified or dismantled under the direct supervision of fully experienced and competent personnel. |  |  |
|  | The toe of the earth pile is to be at least 1.5 times excavation depth from the edge of the hole. |  |  |
|  | Whenever it is not reasonably practicable to erect rigid barriers, chain type barriers are used a sentry, with no other duties, shall be posted at each temporary chain barrier to warn personnel of the hazard. |  |  |

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| **ADDITIONAL HSE PRECAUTIONS, IF YES LIST THEM** | |
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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).