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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 | | | | | | | | | | |
| □ Electrical and gas welding | | | □ Heat treatment or stress relieving of piping | | | | | | | |
| □ Cutting, grinding, brazing | | | □ Operating of internal combustion engine | | | | | | | |
| □ Grit, sand, or other abrasive blasting | | | □ Use of any tools/portable equipment that can produce sparks/heat or use of hot tapping equipment | | | | | | | |
| □ Breaking concrete | | | □ Use of any electrical equipment not meeting the specification for the classified hazardous area (cell phones, flash cameras, radios, etc.) | | | | | | | |
| □ Chipping | | | □ Other, specify: | | | | | | | |
| ***For Hot Work in Enclosed/ Confined Space, PSS-FRM-L-400-002 PTW Land Confined Space Entry Form shall be attached*** | | | | | | | | | | |
| Description of 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:** | | | | | | | | | | |
| □ Flammable gases, vapors | | □ Temperature extremes | | | | | □ Overhead activities | | | |
| □ Ignition potential (such as, naked flame, sparks) | | □ Falling objects | | | | | □ Failure of Mechanical equipment | | | |
| □ Hot welding | | □ Noise | | | | | □ Moving equipment (or parts) | | | |
| □ Smoke | | □ Electrocution | | | | | □ Engulfment | | | |
| □ Pressurized hose failure | | □ Slip, trip and fall | | | | | □ Radiation | | | |
| □ Pressurized gas cylinder failure | | □ Poor visibility | | | | | □ Entry and exit limitations | | | |
| □ Uncontrolled introduction of steam, gas, or liquid | | □ Drowning | | | | | □ Tripping hazard | | | |
| **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** |
|  | Dust, lint, debris, flammable/ combustible liquids and oily deposits removed. |  |  |
|  | Explosive atmosphere in area eliminated. |  |  |
|  | Flammable/ combustible material removed, where possible; or protected with fire blankets, guards, or metal shields. |  |  |
|  | While working on walls/ ceilings, combustibles material moved away from other side of wall. |  |  |
|  | Walkways protected beneath hot work. |  |  |
| **Hot Work in Confined Spaces:** | | | |
|  | Acted in accordance with Confined Space Entry Procedure; ***PSS-FRM-L-400-002* Form** is attached. |  |  |
| **Watching the Hot Work Area: (by the Fire Watch)** | | | |
|  | Competent Fire watch will be provided during and for 30 minutes after work, including any coffee or lunch breaks. |  |  |
|  | Fire watch may be required for opposite side of walls, above, and below floors and ceilings. |  |  |
| **Relevant Administrative & Engineering Controls:** | | | |
|  | Act in accordance with AD EHS RI- CoP- 28.0 “Hot Work Operation” |  |  |
|  | Hot Work Equipment in good condition (e.g., power source, welding leads, torches, etc.) |  |  |
|  | Sprinklers and hose streams in service/ operable. |  |  |
|  | Multi-purpose fire extinguisher and/or water pump 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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| **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).