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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:** |
| □ Inertia of large object | □ Temperature extremes | □ Mechanical equipment |
| □ Working at Height | □ Noise | □ Moving equipment (or parts) |
| □ Overhead activities | □ Electrocution | □ Engulfment |
| □ Lifting equipment failure | □ Slip, trip and fall | □ Radiation |
| □ Overhead powerlines | □ Poor visibility | □ Entry and exit limitations |
| □ Falling objects | □ Trapping hazard | □ Severe/ adverse weather |
| **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** (mark as **Yes** /**No/NA** as appropriate; add rows as required) | **(Yes /No /NA)** | **Remarks** |
|  | Act in accordance with AD EHS RI- CoP 34.0 “Safe Use of Lifting Equipment and Lifting Accessories” |  |  |
|  | Appropriate planning of all lifting operations, lifting plan is prepared and regularly updated. |  |  |
|  | Only certified crane & lifting equipment is being used for lifting operations. |  |  |
|  | Only qualified competent person shall be appointed for lifting operations. |  |  |
|  | All relevant authorities are notified and approvals are obtained before work commences and the workplace is secured to prevent unauthorized access. |  |  |
|  | Barriers and signs are to be erected as appropriate. |  |  |
|  | Carry out visual checks of lifting area for obstructions and interference, before lifting. |  |  |
|  | Tools and equipment to be secured to avoid their being dropped. |  |  |
|  | Tripping hazard to be mechanically removed or bridged and marked. |  |  |
|  | Check that slings are spaced in accordance with Lifting Manual. |  |  |
|  | Guidance lines are to be attached to heavy objects suspended from cranes. |  |  |
|  | If communication between signal men and lifting operator is not clear (due to noise or obstruction), an additional signalman must be appointed to relay information. |  |  |
|  | Mobile cranes and mobile access towers, to be lowered and secured in transit position when moving. |  |  |
|  | Process equipment is not to be used for hand/ foot holds or for supporting lifting gear or scaffolding. |  |  |
|  | When work on overhead cables is in progress, no passage underneath the cables is allowed except via approved routes protected by netting slung under the cables. |  |  |
|  | Are Port Security escorting services required? |  |  |

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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).