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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:** | | |
| □ Working at Height | □ Temperature extremes | □ Mechanical equipment |
| □ Severe/ adverse weather | □ Noise | □ Moving equipment (or parts) |
| □ Overhead power lines | □ Electrocution | □ Engulfment |
| □ Overhead activities | □ Slip, trip and fall | □ Radiation |
| □ Falling objects | □ Poor visibility | □ Entry and exit limitations |
| **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- 23.0 Working at Heights” |  |  |
|  | Barriers and signs are to be erected as appropriate. |  |  |
|  | A minimum of two persons are assigned for this work. |  |  |
|  | Notify and warn personnel in surrounding area before the activity starts. |  |  |
|  | Ladders (when used) to be secured. |  |  |
|  | Stop Lifting if the load cannot be seen clearly. |  |  |
|  | Mobile cranes and mobile access towers, to be lowered and secured in transit position when moving. |  |  |
|  | Only essential work at height to be carried out in darkness. All hazards to be re-assessed before starting work. |  |  |
|  | Process equipment is not to be used for hand/ foot holds or for supporting lifting gear or scaffolding. |  |  |
|  | Tools and equipment to be secured to avoid their being dropped. |  |  |
|  | 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. |  |  |
|  | Work at height in exposed areas is to stop when mean wind speed exceeds 30 kts. |  |  |
|  | Work at height to stop if there is a possibility of a lightning strike or sand storm. |  |  |

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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).