|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Permit No.**  (Issued by Permit to Work Office) |  | **Job Start** | | **Date** | |  | **Expiry** | **Date** | | |  |
| **Time** | |  | **Time** | | |  |
| **Port Name:** | **□ KP □ ZP □ MUS □ FP □ Others, Specify:** | | | | | | | | | | |
| **Vessel Location** |  | | | **Work Location:** | | | | |  | | |
| **Description of Work:** |  | | | | | | | | | | |
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|  | | | | | | | | | | |
| **PTW APPLICANT DETAILS** | | | | | | | | | | | |
| **Vessel Name** |  | | | | | | | | | | |
| **IMO No.** |  | | | | **Contact No.** | | | | |  | |
| **Ship Agent** |  | | | | | | | | | | |
| **Contact Person** |  | | | | **Contact No.** | | | | |  | |
| **Contractor Company** |  | | | | | | | | | | |
| **Contact Person** |  | | | | **Contact No.** | | | | |  | |
| **No. of Workers** |  | | **No. of Supervisors** | | | | | | |  | |
| **Hazard Identified** | **□ Yes □ No** | | **Safety Precautions & Controls; planned or Undertaken** | | | | | | | **□ Yes □ No.** | |
| **Attached Documents** | **□** **Method of Statement** | | **□ Risk Assessment** | | | | | | | **□Job Safety Analysis** | |
| **□ Third Party Certificate** | | **□ Engineered drawing** | | | | | | | **□ Supplementary Form** | |
| **□ Other, Specify:** | | | | | | | | | | |
| 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. | | | | | | | | | | | |

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| **HAZARDS IDENTIFICATION** | | | |
| Note: List the identified hazards and controls planned or undertaken in the respective work permit, as appropriate | | | |
| **Hazards** | **Risk Impact** | **Hazards** | **Risk Impact** |
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| **LIST OF HSE PRECAUTIONS & CONTROLS; PLANNED OR UNDERTAKEN** | |
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| **APPROVAL OF PTW** | | | |
| **Comments of Permit Issuer** |  | | |
|  | | |
|  | | |
| **Comments of Area Owner** |  | | |
|  | | |
|  | | |
|  | **Name** | **Signature & Date** | **Contact No.** |
| **Permit Applicant** |  |  |  |
| **AD Ports Permit to Work Office** |  |  |  |
| **Permit Issuer** |  |  |  |
| **Area Owner 1** |  |  |  |
| **Area Owner 2** |  |  |  |

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| **PERMIT CLOSE-OUT** | | | | | | |
| **□ Job Completed** | | **□ Suspend** | | **□ Cancelled** | | **□ Revalidated** |
| **Close-out Date:** |  | | | |  | |
| The work in the above location is complete. The work area/ adjacent areas inspected and found safe. All workers in the area have been accounted for and equipment has been returned to a safe operating condition. Tools used in the conduct of work are accounted for. If ALL of these conditions have been met, this PTW is now close-out. | | | | | | |
| **Close-out Remarks:** | | |  | | | |
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| --- | --- | --- | --- |
|  | **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 (VTS) to enable closure of this permit.
4. This form shall be printed in one sheet (Front & Back).
5. Contact the relevant AD Ports VTS Office as below:

|  |  |  |
| --- | --- | --- |
| **Port Name** | **Contact Number** | **Email** |
| Khalifa Port | +971 2 492-5666 | [khalifa.vts@adports.ae](mailto:khalifa.vts@adports.ae) |
| Zayed Port | +971 2 695-2133 | [Zayed.vts@adports.ae](mailto:Zayed.vts@adports.ae) |
| Free Port | +971 2 695-2134 | [Zayed.vts@adports.ae](mailto:Zayed.vts@adports.ae) |
| Musaffah Port | +971 2 510-9392 | [musaffah.vts@adports.ae](mailto:musaffah.vts@adports.ae) |
| Western Region Ports | +971 2 695 2951 | [Mugharag.portcontrol@adports.ae](mailto:Mugharag.portcontrol@adports.ae) |