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| **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:** | | | | | | |  | | |
| **Length at waterline (m)** |  | | | | **Depth at waterline (m)** | | | | | | |  | | |
| **IMO No.** |  | | | | **Routes of Operations:** | | | | | | |  | | |
| **PTW Applicant Details** | | | | | | | | | | | | | | |
| **Vessel Name** |  | | | | | | **Contact No.** | | | | | |  | |
| **Ship Agent** |  | | | | | | | | | | | | | |
| **Contact Person** |  | | | | | | **Contact No.** | | | | | |  | |
| **Contractor Company** |  | | | | | | | | | | | | | |
| **Contact Person** |  | | | | | | **Contact No.** | | | | | |  | |
| **Number of Workers:** |  | | | **Number 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** | | | | | | | | | **□ Other, Specify:** | |
|  | | | | | | | | | | | | | |
| **HAZARD IDENTIFICATION** | | | | | | | | | | | | | | |
| Work to be performed | | | | | | | | | | | | | | |
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| Surface area of Hull to be cleaned (sq. m) | | | | | | Surface area of Propeller to be polished (sq. m) | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Type of fouling to be removed (Survey report to be attached) | | | | | | Type of antifouling paint applied (Attach TBT Free Certificate) | | | | | | | | |
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| Method of collection and disposal of encrustation, barnacles, marine growth, etc. | | | | | | | | | | | | | | |
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| Details of sea chest/s to be cleaned | | | | | | | | | | | | | | |
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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** | | | | | | | | | | | | | | |
| □ Drowning | | □ Temperature extremes | | | | | | | | □ Collapsed/burst lung | | | | |
| □ Secondary drowning | | □ Poor visibility | | | | | | | | □ Decompression sickness | | | | |
| □ Oxygen toxicity | | □ Moving equipment (or parts) | | | | | | | | □ Stings/bite/poison/electrocution by sea creatures | | | | |
| □ Hypoxia / anoxia / Hypothermia | | □ Radiation | | | | | | | | □ Rash/cuts by reefs | | | | |
| □ Saltwater aspiration syndrome | | □ Squeeze damage (blood vessels, skin under folds in dry suit, blood in lungs) | | | | | | | | □ Asphyxiation because of wrong gas in the cylinder | | | | |
| □ Carbon monoxide poisoning | | □ Eardrum damage | | | | | | | | □ Exposure to chemicals/ biological diseases in water | | | | |
| □ Carbon dioxide poisoning (hypercapnia) | | □ Diver lost at sea | | | | | | | |  | | | | |
| **Other Anticipated Hazards** | |  | | | | | | | |  | | | | |
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| **RISK CONTROLS (check as ‘Yes’ or ‘No’ or ‘NA’ as appropriate; add rows as required)** | | **(Yes /No /NA)** | **Remarks** |
|  | Acted in accordance with Diving Procedure;  **PSS-FRM-M-400-006 PTW Diving** Form is attached. |  |  |
|  | Has a Method Statement and Risk Assessment been produced? |  |  |
|  | Is there any planned in-water decompression? |  |  |
|  | Is there diver to surface communications? |  |  |
|  | Has the nearest medical facility been identified? |  |  |
|  | Has the nearest operational Hyperbaric facility been identified, and is it accessible within the required time scale? |  |  |
|  | Is oxygen resuscitation set available at the dive station? |  |  |
|  | Does the reserve gas have sufficient capacity to allow the diver to reach a place of safety? |  |  |
| **Additional HSE Precautions, if yes list it down** | | | |
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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) |
| **Diving**  □ Surface Demand Diving Equipment (SDDE), HP or LP  □ Dive ribs  **Other PPE**  □ Diving wet/dry suit  □ Neoprene gloves  □ **Other** (specify) | **Measurement/ Navigation**  □ Compass of underwater navigation  □ Decompression tables  **Miscellaneous**  □ Diving shot  □ Decompression trapeze  □ **Other** (specify) |

Note: List the identified hazards and controls planned or undertaken in the respective work permit, as appropriate

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| **List of Hazards** | | | | | | |
| **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** | |  | | | | |
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| **Comments of HM office** | |  | | | | |
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| **Comments of Area Owner** | |  | | | | |
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|  | | | | |
|  | | **Name** | | **Signature & Date** | | **Contact No.** |
| **Permit Applicant** | |  | |  | |  |
| **AD PORTS Permit to Work Office** | |  | |  | |  |
| **Permit Issuer** | |  | |  | |  |
| **Area Owner 1** | |  | |  | |  |
| **Area Owner 2** | |  | |  | |  |
| **Harbour Master Office** | |  | |  | |  |

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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) |