|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
|  |
| 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) |
|  |  |
| Method of collection and disposal of encrustation, barnacles, marine growth, etc. |
|  |
| Details of sea chest/s to be cleaned |
|  |
| Hazardous Materials located and/or brought into Operation |
|  |
|  |
| Major Equipment located or to be brought into Operation |
|  |
|  |
| **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

|  |
| --- |
| **List of Hazards** |
| **Hazards** | **Risk Impact** | **Hazards** | **Risk Impact** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **List of HSE Precautions & Controls; planned or undertaken** |
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| **Approval of PTW** |
| **Comments of Permit issuer**  |  |
|  |
|  |
|  |
| **Comments of HM office**  |  |
|  |
|  |
|  |
| **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** |  |  |  |
| **Harbour Master Office**  |  |  |  |

|  |
| --- |
| **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 |
| Zayed Port | +971 2 695-2133 | Zayed.vts@adports.ae |
| Free Port | +971 2 695-2134 | Zayed.vts@adports.ae |
| Musaffah Port | +971 2 510-9392 | musaffah.vts@adports.ae |
| Western Region Ports  | +971 2 695 2951 | Mugharag.portcontrol@adports.ae |