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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:** | | | | | |  | | |
| **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** | | | | | | | | **□ Other, Specify:** | |
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| **HAZARD IDENTIFICATION** | | | | | | | | | | | | | |
| Work to be Performed | | | | | | | | | | | | | |
| □ Electrical and gas welding | | | | □ Heat treatment or stress relieving of piping | | | | | | | | | |
| □ Cutting, grinding, brazing | | | | □ Operating of internal combustion engine | | | | | | | | | |
| □ Grit, sand, or other abrasive blasting | | | | □ Use of any tools/portable equipment that can produce sparks/heat or use of hot tapping equipment | | | | | | | | | |
| □ Chipping | | | | □ Use of any electrical equipment not meeting the specification for the classified hazardous area (cell phones, flash cameras, radios, etc.) | | | | | | | | | |
| **□ Other, specify:** | | | | | | | | | | | | | |
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| Description of 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:** | | | | | | | | | | | | | |
| □ Flammable gases, vapors | | □ Temperature extremes | | | | | | | □ Overhead activities | | | | |
| □ Ignition potential (such as, naked flame, sparks) | | □ Falling objects | | | | | | | □ Failure of Mechanical equipment | | | | |
| □ Hot welding | | □ Noise | | | | | | | □ Moving equipment (or parts) | | | | |
| □ Smoke | | □ Electrocution | | | | | | | □ Engulfment | | | | |
| □ Pressurized hose failure | | □ Slip, trip and fall | | | | | | | □ Radiation | | | | |
| □ Pressurized gas cylinder failure | | □ Poor visibility | | | | | | | □ Entry and exit limitations | | | | |
| □ Uncontrolled introduction of steam, gas, or liquid | | □ Drowning | | | | | | | □ Tripping hazard | | | | |
| **Other Anticipated Hazards**  **(describe below)** | |  | | | | | | |  | | | | |
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| **RISK CONTROLS (check as ‘Yes’ or ‘No’ or ‘NA’ as appropriate; add rows as required)** | | **(Yes /No /NA)** | **Remarks** |
|  | Dust, lint, debris, flammable/ combustible liquids and oily deposits removed. |  |  |
|  | Explosive atmosphere in area eliminated. |  |  |
|  | Flammable/ combustible material removed, where possible; or protected with fire blankets, guards, or metal shields. |  |  |
|  | While working on walls/ ceilings, combustibles material moved away from other side of wall. |  |  |
|  | Walkways protected beneath hot work. |  |  |
| **Relevant Administrative & Engineering Controls:** | | | |
|  | Acted in accordance with Hot Work Procedure;  PSS-FRM-M-400-003 PTW Marine Hot Work, Form is attached. |  |  |
|  | Act in accordance with AD EHS RI- CoP- 28.0 “Hot Work Operation” |  |  |
|  | Hot Work Equipment in good condition (e.g., power source, welding leads, torches, etc.) |  |  |
|  | Sprinklers and hose streams in service/ operable. |  |  |
|  | Multi-purpose fire extinguisher and/or water pump available. |  |  |
| **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)** |

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| 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. |

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) |