|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | |
|  | | | | | | | | | | |
| **HAZARD IDENTIFICATION** | | | | | | | | | | | |
| Work to be Performed | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 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** | | |
| □ 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)** |  |  |
|  |  |

|  |  |
| --- | --- |
| **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) |

|  |  |  |  |
| --- | --- | --- | --- |
| **RISK CONTROLS (check as ‘✓’ or ‘x’ 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 knots. |  |  |
|  | Work at height to stop if there is a possibility of a lightning strike or sand storm. |  |  |

|  |  |
| --- | --- |
| **ADDITIONAL HSE PRECAUTIONS, IF YES LIST THEM** | |
|  |  |
|  |  |

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** | | | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** | | |  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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) |