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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 |
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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** |
| □ 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)** |  |  |
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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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| **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. |  |  |

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

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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 |
| 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 |