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| If the conditions or procedures specified on this permit change, Applicant shall ***STOP WORK IMMEDIATELY,*** and notify the Permit to Work Office / Permit Issuer |
| This form is to be completed by the Vessel Owner/ Agent and submitted to AD PORTS VTS prior to the oil transfer commencing |

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| **Permit No.** |  | **Work Order/ Contract No.** |  |
| **Port Name:** |  | **Job Start**  | **Date**  |  | **Expiry**  | **Date** |  |
| **Time** |  | **Time** |  |
| **Permit Work Location & Description** |  |
| **No. of Workers** |  | **No. of Supervisors** |  |
| **Receiving Vessel/ Party** | **Supplier Vessel / Road tanker** |
| **Vessel Name** |  | **Vessel/ Road Tanker Name** |  |
| **IMO No.** |  | **IMO No.** |  |
| **Rotation no** |  | **Rotation no** |  |
| **Oil grade/Type** |  | **Quantity** |  |
| **Agreed pumping rate** |  | **Communication method** |  |
| **Master Name** |  | **Master/ Driver Name** |  |
| **Contact No.** |  | **Contact No.** |  |
| **Agent** |  | **Agent** |  |
| **Contact No.** |  | **Contact No.** |  |
| **HAZARD IDENTIFICATION** |
| Hazardous Materials located and/or brought into Operation |
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|  |
| Major Equipment located or to be brought into Operation |
|  |
|  |
| **CHECK ALL POTENTIAL HAZARDS/ RISK IMPACTS AS APPLICABLE:** |
| □ High Voltage (HV) | □ Temperature extremes | □ Moving equipment (or parts) |
| □ Static discharge to electronic equipment | □ Falling objects | □ Spark-producing operations |
| □ Slip, trip and fall | □ Electrocution | □ Engulfment |
| **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** |
|  | List of people/ workers available in the worksite. |  |  |
|  | Bunker Material Safety Data Sheet reviewed and verified. |  |  |
|  | The ship Is securely moored. |  |  |
|  | Road tanker is securely parked, away from berth edge. |  |  |
|  | Boom Is positioned effectively closing transfer area. |  |  |
|  | All appropriate signals specified in the International Code of Signals are displayed. (Including Red Flag/ Red Light in the night) |  |  |
|  | Sufficient light available in the deck. |  |  |
|  | Appropriate barriers are placed around the Oil transfer area. |  |  |
|  | The oil transfer procedure is displayed prominently. |  |  |
|  | Loading rate has been agreed with receiving vessel. |  |  |
|  | Topping-off rate has been agreed with receiving vessel. |  |  |
|  | Oil transfer hoses pressure is tested/ tagged. |  |  |
|  | Oil transfer hoses are properly supported. |  |  |
|  | Oil transfer hoses are free of damage/ kinks/ bulges. |  |  |
|  | Oil transfer pumping rates are agreed & communicated. |  |  |
|  | All flanges/ drain cocks/ valves are checked for leaks. |  |  |
|  | All unused manifolds are blanked, scuppers and valves are closed.  |  |  |
|  | Bilge and ballast piping is effectively segregated. |  |  |
|  | Drip trays are placed, plugged and free of liquid. |  |  |
|  | Deck scuppers are effectively plugged. |  |  |
|  | Communication system is established and tested. |  |  |
|  | Oil spill equipment is ready for emergencies. |  |  |
|  | Emergency shutdown is in place and tested. |  |  |
|  | Cargo-handling or other operations in progress do not present a hazard to Oil transfer operations or vice-versa. |  |  |

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| **ADDITIONAL HSE PRECAUTIONS, IF YES LIST THEM** |
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| **CHECK REQUIRED EMERGENCY EQUIPMENT:** |
| □ Fire extinguisher (type?)  | □ Two-way communication equipment (radio, etc.) |
| □ Emergency shower / eyewash | □ Emergency exits clear?  |
| □ PPE (including, Life Vest. Safety harness, coveralls, steel toe boots, hard hat, safety goggles, gloves)  | □ First aid kit |
| □ Life line/retrieval line | □ Other (specify): |

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| **PTW APPLICANT DETAILS** |
| **Vessel/ Agent Name** |  |
| **Company Contact No.** |  | **Fax No.** |  |
| **Email** |  | **Address:** |  |
| **Permit Applicant/ Receiver** |  |
| **Contact No.** |  | **Email** |  |

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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.**Declaration of Vessel Master/ Shipping Agent**The vessel master/shipping agent understands the requirements herein, and acknowledges full responsibility for carrying out the bunkering or oil transfer operation, and warrants that the bunkering or oil transfer will be carried out in accordance with the AD PORTS Oil Transfer Procedures. I understand and acknowledge that the issuance of an Oil Transfer permit is subject to compliance with all other AD PORTS and the terminal operator Rules, Policies and procedures in force at the time of the Oil Transfer. |

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|  | **Name** | **Signature & Date** | **Contact No.** |
| **Permit Applicant** |  |  |  |
| **Permit Receiver/ Supervisor**  |  |  |  |
| **AD PORTS Permit to Work Office** |  |  |  |
| **Permit Issuer** |  |  |  |

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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. |
| **For Port Control use only** |  |
| **Close-out Remarks:**  |  |
| **Oil type** |  | **Quantity** |  |
| **Oil Transfer starting Time** |  | **Pumping Rate** |  |
| **Oil Transfer End Time** |  |
| **Port Controller**  |  | **Date & Signature** |  |

**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 |