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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 Divers** |  | | **No. of Workers** | | | | | | |  | |
| **Diving Location** |  | | | | | | | | | | |
| **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** |
| Purpose of Diving Operation |
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|  |
| Description of Diving Operation |
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| Hazardous Materials located and/or brought into Diving Operation |
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| Major Equipment located or to be brought into Diving Operation |
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| **Check all Potential Hazards/ Risk Impacts as applicable** | | |
| □ Drowning | □ Temperature extremes | □ Eardrum damage |
| □ Secondary drowning | □ Falling objects | □Exposure to chemicals/ biological diseases in water |
| □ Oxygen toxicity | □ Poor visibility | □ Collapsed/burst lung |
| □ Hypoxia / anoxia / Hypothermia | □ Overhead activities | □ Decompression sickness |
| □ Saltwater aspiration syndrome | □ Moving equipment (or parts) | □ Stings/bite/poison/electrocution by sea creatures |
| □ Carbon monoxide poisoning | □ Radiation | □ Rash/cuts by reefs |
| □ Carbon dioxide poisoning (hypercapnia) | □ Squeeze damage (blood vessels, skin under folds in dry suit, blood in lungs) | □ Asphyxiation because of wrong gas in the cylinder |
| □ Diver lost at sea |  |  |
| **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** |
|  | Divers are certified to the relevant local and international standards. |  |  |
|  | Flags will be displayed in an appropriate location. |  |  |
|  | Vessels and terminal operators in adjacent berths have been fully briefed. |  |  |
|  | 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? |  |  |
|  | Will diving work require safe speed and / or safe passing distance?  If yes, specify the speed and safe passing distance required. |  |  |

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| **Additional HSE Precautions, if yes list it down** | |
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| **Check required emergency equipment:** | |
| **Diving**  □ Surface Demand Diving Equipment (SDDE), HP or LP  □ Dive ribs  **PPE**  □ Diving wet/dry suit  □ Neoprene gloves  □ **Other** (specify) | **Measurement/ Navigation**  □ Compass of underwater navigation  □ Decompression tables  **Miscellaneous**  □ Diving shot  □ Decompression trapeze  □ **Other** (specify) |

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| **LIST ALL AUTHORIZED PERSONNEL** | | | | | |
| **Personnel** | **Name** | **Contact Info** | **Diving Qualifications** | **Diving Medical expires on** | **First aid training expires on** |
| **Diving Contractor** |  |  |  |  |  |
| **Diving Supervisor** |  |  |  |  |  |
| **Diver** |  |  |  |  |  |
| **Diver** |  |  |  |  |  |
| **Standby Diver** |  |  |  |  |  |
| **Standby Diver** |  |  |  |  |  |
| **Tender** |  |  |  |  |  |

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** |  | | |
|  | | |
|  | | |
|  | **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) |