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