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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:** | | | | |  | | |
| **Length at waterline (m)** |  | | | **Depth at waterline (m)** | | | | |  | | |
| **IMO No.** |  | | | **Routes of Operations:** | | | | |  | | |
| **PTW APPLICANT DETAILS** | | | | | | | | | | | |
| **Vessel Name** |  | | | | **Contact No.** | | | | |  | |
| **Ship Agent** |  | | | | | | | | | | |
| **Contact Person** |  | | | | **Contact No.** | | | | |  | |
| **Contractor Company** |  | | | | | | | | | | |
| **Contact Person** |  | | | | **Contact No.** | | | | |  | |
| **Number of Workers:** |  | | **Number 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** | | |
| □ Drowning | □ Temperature extremes | □ Electrocution |
| □ Secondary drowning | □ Poor visibility | □ Stings/ bite/ poison |
| □ Oxygen toxicity | □ Being swept away by fast moving water. | □ Exposure to chemicals |
| □ Hypoxia / anoxia / Hypothermia | □ Trapping hazards. | □ Slippery surfaces |
| □ Carbon dioxide poisoning (hypercapnia) | □ Falling into the water. | □ Inadequate Lighting |
| □ Diver lost at sea |  |  |
| **Other Anticipated Hazards** |  |  |
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| **RISK CONTROLS (check as ‘✓’ or ‘x’ or ‘NA’ as appropriate; add rows as required)** | | **(Yes /No /NA)** | **Remarks** |
|  | A Method Statement and Risk Assessment have been produced. |  |  |
|  | Standard Operation Procedure has been prepared and is available for the works which includes fall restraint/ arrest equipment and requirements. |  |  |
|  | An Emergency Evacuation Procedure has been developed where a safe means of access/ egress to the work location is identified. |  |  |
|  | All staff is aware of and trained in emergency plans and policies. |  |  |
|  | Communications equipment is on site. |  |  |
|  | There is a diver to maintain a surface communications. |  |  |
|  | The nearest operational Hyperbaric facility has been identified, and is accessible within the required time scale. |  |  |
|  | Oxygen resuscitation set is available at the dive station. |  |  |
|  | A no-person to work alone policy has been developed. |  |  |
|  | The area will be barricaded/ cordoned off and warning signs displayed. |  |  |
|  | Probing device to verify water depth is used. |  |  |
|  | Sufficient buoys ready available and standby. |  |  |
|  | Medical facility or First aid equipment is available. |  |  |
|  | There are sufficient floatation and safety devices for all personnel. |  |  |
|  | Staff is trained in use of flotation and safety devices. |  |  |
|  | Pre start inspection will be carried-out for any Lifting Equipment such as a crane. |  |  |
|  | The equipment are fit for the intended purposes and have been inspected and tagged |  |  |
|  | The person/s conducting the work is suitably trained and competent. |  |  |
|  | The required PPE has been identified and will be worn by all persons involved in the activity. |  |  |
|  | A pre-start discussion will take place. |  |  |
|  | A standby vessel is available. |  |  |
|  | The safety watch has communication with the stand-by vessel and personnel working over water. |  |  |
| **ADDITIONAL HSE PRECAUTIONS, IF YES LIST IT DOWN** | | | |
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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) |

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