

PERMIT TO WORK HOT WORK

VESSEL	
DATE	
PERMIT NO. (PW-AO-yy-xxxx)	PW-HW- -

A	REQUIREMENT
<p>In order to ensure the safe and healthy operation of vessels under our management, the company requires that a Permit to Work is issued for any hot work carried out onboard the vessel. Hot work is any work involving sources of ignition or temperatures sufficiently high to cause the ignition of a flammable gas mixture. This includes any work requiring the use of welding, burning or soldering equipment, blow torches, some power-driven tools, portable electrical equipment which is not intrinsically safe or contained within an approved explosion-proof housing, and internal combustion engines.</p> <p>This permit can only be issued for a maximum period of 12 hours. If the working conditions change during the work period, then this permit becomes invalid and must be reissued after the new conditions have been properly assessed.</p>	

B	WORK SCOPE		
Location			
Description of work:			
Validity: (MAX. 12 HOURS)		FROM	DATE:
		TO	DATE:
Tasks: (All that apply)	Enclosed Space Entry		High Voltage Work
	Hot Work	X	Work on Pressure Pipelines/ Vessels
	Cold Work		Underwater Operations
	Work at Height/ Overside		Other:
	Work on Deck In Adverse Weather		Other:
	Electrical Work		Other:
Port Permission Required:		Yes & Obtained / No / Not Applicable	
Key Personnel: (Name, Rank)	Responsible Officer		
	Work Team Leader		
	Team Members		
If an external Contractor is involved, provide details:			

C	PERMIT		
Responsible Officer	I confirm that all of the actions required by Sections E and F of this permit have been properly completed, and am satisfied the planned work can be completed safely.	Name & Signature:	Date & Time:
Team Leader	I have been briefed by the Responsible Officer and know what actions I need to take to carry out the task safely. If the conditions change, or if work becomes unsafe I will stop work without delay.	Name & Signature:	Date & Time:
PERMIT ISSUED ONLY WHEN SIGNED BY BOTH RESPONSIBLE OFFICER AND TEAM LEADER			

D	CANCELLATION OF PERMIT		
This permit is cancelled automatically if conditions change. In any other case it must be cancelled on completion of work.			
Responsible Officer	I confirm that work has stopped and that all people, equipment and material has been removed from the work site. I further confirm that any locked/ tagged out (LOTO) equipment or systems has been released.	Name & Signature:	Date & Time:
PERMIT CANCELLED ONCE SIGNED			

E PREPARATION AND SAFETY CHECKS			
#	Actions (To be completed by Responsible Officer and Team Leader)	RESP. OFF. INITIALS	
		DONE	N/A
1	Risk assessment done and risk reduction actions taken as per hazards identified		----
2	Toolbox talk been carried out.		----
3	Confirm this task not interfering with any other permit to work in force.		
4	Duty officer informed.		----
5	Warning notices posted.		----
6	Equipment in good order.		----
7	An attendant designated to oversee the working personnel.		----
8	Has the area been prepared for hot work: <input type="checkbox"/> Potential sources of ignition removed <input type="checkbox"/> Area clean and tidy		----
9	Has suitable fire-fighting equipment been made ready in the vicinity of the planned work?		----
10	Has the atmosphere of the work space been tested for explosive gases and arrangements made to ensure that ongoing testing is carried out?		
11	Correct PPE provided to all Team Members, and all briefed on correct use: <input type="checkbox"/> Safety Helmet and safety harness. <input type="checkbox"/> Buoyancy Aids (SOLAS Approved Inflatable Lifejackets) <input type="checkbox"/> Fall Prevention/ Arrest System with life line attached to a strong point <input type="checkbox"/> Other (Please specify).....		----
12	In port, has a port hot work permit been obtained?		

F ADDITIONAL PRECAUTIONS						
#	Actions (To be completed by Responsible Officer and Team Leader)	RESP. OFF. INITIALS				
		DONE	N/A			
1	Risk from following energy sources identified: <input type="checkbox"/> Electrical shocks/ sudden starting of machinery <input type="checkbox"/> Hazardous moving machinery parts <input type="checkbox"/> Contact with extreme hot/ cold temperatures <input type="checkbox"/> Sudden release of pressurised or hazardous fluid/ gas in system					
	List all required isolation (LOTO) points:					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Confirm isolation (LOTO) of above points: (To be signed by CE/ 2E or ETO only, then initialed by the Responsible Officer)</td> <td style="width: 20%;">Name & Signature:</td> <td style="width: 20%;">Date & Time:</td> <td style="width: 20%;"></td> </tr> </table>	Confirm isolation (LOTO) of above points: (To be signed by CE/ 2E or ETO only, then initialed by the Responsible Officer)	Name & Signature:	Date & Time:		
Confirm isolation (LOTO) of above points: (To be signed by CE/ 2E or ETO only, then initialed by the Responsible Officer)	Name & Signature:	Date & Time:				
2	Additional Precautions or Special Requirements: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					