

PERMIT TO WORK AT HEIGHT OR OVERSIDE

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

A	REQUIREMENT
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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 work where this is a risk of fall injury, when working at heights in excess of 1.8m above deck or when working over the ships side. This permit is not required when rigging accommodation ladders or pilot ladders, provided the requirements of MSMS are otherwise followed at all times.

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.

B	WORK SCOPE
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Location

Description of work:

Validity: (MAX. 12 HOURS)	FROM	DATE:	TIME:
	TO	DATE:	TIME:

Tasks: (All that apply)	Enclosed Space Entry		High Voltage Work
	Hot Work		Work on Pressure Pipelines/ Vessels
	Cold Work		Underwater Operations
	Work at Height/ Overside	X	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
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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
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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. <i>Note: Such as Bosun's chairs, stages, gantlines, safety harnesses, lifelines, etc.,</i>		----
7	An attendant designated to oversee the working personnel.		----
8	Arrangement made for raising / lowering tools, working equipment and material.		----
9	Arrangement made for lowering for heavy parts such as scanners, motors etc. and checked that weight can be safely supported and lowered under full control.		
10	Plan agreed and necessary equipment put in place to achieve an effective rescue?		----
11	Correct PPE provided to all Team Members, and all briefed on correct use: <ul style="list-style-type: none"> <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	When working on funnel: <ul style="list-style-type: none"> <input type="checkbox"/> Advise duty engineer 		
13	Work near fore mast/ main mast/ radar scanners/ radio aerials/ satellite antennae: <ul style="list-style-type: none"> <input type="checkbox"/> Isolate and place notices to stop the use of radar and scanner/ radio/ satellite system/ ships whistles, as applicable. <input type="checkbox"/> Duty officer notified. 		
14	Working over the ships side – not permitted when vessel is underway: <ul style="list-style-type: none"> <input type="checkbox"/> Advise duty officer. <input type="checkbox"/> Overboard discharges in the vicinity closed and secured by Lockout / Tagout. <input type="checkbox"/> Necessary pollution prevention precautions taken for painting and other preparations. <input type="checkbox"/> Lifebuoy with lifeline ready. <input type="checkbox"/> 2 gantlines extend all the way to the water to be used as lifelines in case of a fall. 		

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: <ul style="list-style-type: none"> <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:		
	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: <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 		