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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ref no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Welding □ | Cutting □ | Brazing □ | Grinding □ | Drilling □ | | | | | | | | | | | | | | | | |
| *“Copy of permit to work (s) displayed in working place”* | | | | | | | | | | | | | | | | |
| Vessel Name: | | PORT / POSITION: | | | | | |  | | | | | | | |  |
| Managing Engineer | Rank: | | |  | | | Name: | | |  | | | | | |  |
| Performer (s)of the hot work Rank: Name: | | | | | | | | | | | | | | | | |
| I accept responsibility to carry out the work and the apparatus details on this PTW and attempt will be made by me people under my charge to work on any other apparatus or in any other area. I am satisfied that all precautions have been taken and all safety arrangement will be maintained for the duration of the work. | | | | | | | | | | | | | | | | |
| Location of work(designation of space) : | | | | | | Plant Apparatus Identification : | | | | | | | | | | |
| Description of the work: | | | | | | | | | | | | | | | | |
| Permission valid from: |  | | | | TO: | | | |  | | | (Date-Time) Valid for 24 hrs only | | | | |
| Chief Engineer: …………………………………………….….. (Name, Sign, Time and date). *I am satisfied that all precautions have been taken and that safety arrangements will be maintained for the duration of the work.* | | | | | | | | | | | | | | | | |
| The works indicated above are permitted. | | | | | Master or Work In-charge: | | | | | | | |  | | | |
| PRE WORKING CHECK LIST | | | | | | | | | | | | | | Yes | No | |
| Welder(s) are certified | | | | | | | | | | | | | |  |  | |
| Welding ,cutting ,brazing machines in good condition and calibrated. Cables are free of damage. | | | | | | | | | | | | | |  |  | |
| Tool box talks was conducted –Attach copy | | | | | | | | | | | | | |  |  | |
| Risk assessment was conducted –Attach copy | | | | | | | | | | | | | |  |  | |
| Safety/ fire watch keeper assigned with PPE. Name of fire watch: | | | | | | | | | | | | | |  |  | |
| Area (s) and adjacent locations were inspected by Master /Chief offer and adjacent areas , and found clear,dry, clean,good lighting , adequate ventilation, free of flammable material and toxic gases | | | | | | | | | | | | | |  |  | |
| Confined space Permit to work included in this job | | | | | | | | | | | | | |  |  | |
| Working aloft /side of ship permit to work included in this job | | | | | | | | | | | | | |  |  | |
| Fire extinguisher of suitable type is available near the hot work locations | | | | | | | | | | | | | |  |  | |
| Tag out /lock out system in place | | | | | | | | | | | | | |  |  | |
| Emergency, first aider and fire extinguisher (s)preparedness in place | | | | | | | | | | | | | |  |  | |
| Welder(s) using suitable welding PPE | | | | | | | | | | | | | |  |  | |
| Secure the cylinder in a trolley and keep it in upright position. Keep in shaded area. | | | | | | | | | | | | | |  |  | |
| Flash back arrestor available on the torch and cylinder side | | | | | | | | | | | | | |  |  | |
| Continuous Atmospheric Gas Testing (Continue in separate sheet if required) | | | | | | | | | | | | | | | | |
| Oxygen (02) LeveL | | | Date & Time | | | | | | | | Gas Tester Signature | | | | | |
|  | | |  | | | | | | | |  | | | | | |
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| Issuer's additional precautions: ……………………………………………………………………………………………………..  Space inspected and found safe.  Chief officer |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| “Send to QHSE Dept for Approval” | | | | | | | | | | | | | | |
| Completion Of Job | | | | | | | | | | | | | | |
|  | |  | | | |  | |  |  |  | |  |  | |
| (To be completed by the responsible person supervising entry) | | | | | | | | | | | | | | |
|  |  | | | | |  | |  |  |  | |  |  | |
| 1 | Job completed | | | Date |  | | Time | | | |  | | |  |
| 2 | Job cancelled/stopped | | | Date |  | | Time | | | |  | | |  |
| 3 | Job postponed | | | Date |  | | Time | | | |  | | |  |
| Remarks: | | | | | | | | | | | | | | |
|  | | | Master or Work In-charge: | | | | | | | | | | | |