**PERMIT TO WORK – WORK AT HEIGHT / ALOFT AND SIDE(S) OF VESSEL**

*“Copy of permit to work to display in the work place and permit validity should not exceed 24 hrs ”*

|  |  |  |  |
| --- | --- | --- | --- |
| **Vessel Name /Port Name** |  | **DATE** |  |
| **Location of activity** |  | **Time** |  |
| **Activity details** |  | **Ref. No.** |  |

**Checklist / Isolation Data**

|  |  |  |  |
| --- | --- | --- | --- |
| Do any of the following required to be lock-out / Tag-out **(LOTO)** system | Yes | No | N/A |
| Electrical Control panel /Switch board |  |  |  |
| Main Engines Switch (S) |  |  |  |
| Navigation Lighting |  |  |  |
| Radar Scanner |  |  |  |
| Ship whistles |  |  |  |
| Duty Engineer duly advised with the activity? |  |  |  |

**On Deck Supervisor (Chief Officer/Chief Engineer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 2 – To be checked by the Chief Officer.** | | | | **Yes** | **No** |
|  | Is tool box talk, and risk assessment conducted –attached copy | | |  |  |
|  | Have you been instructed in the requirements of the work? | | |  |  |
|  | Person of first aid/watch keeper / Emergency Procedures in place? | | |  |  |
|  | Are you wearing approved safety harness, and trained to use? | | |  |  |
|  | Are require Life Saving Apparatus in available in good condition? | | |  |  |
|  | Is lifting equipment /scaffolding platform required for the job? | | |  |  |
|  | Safety net is in place and rigged? | | |  |  |
|  | Tag out/lock out system in place | | |  |  |
|  | Has weather condition been good? | | |  |  |
|  | Is Ballast level safe considered (side of vessel works)? | | |  |  |
|  | Is safe gas level monitoring conducted-for oilfield? | | |  |  |
|  | All of my tools and material is secured in a bucket. | | |  |  |
|  | Full PPE is worn for all people at work | | |  |  |
|  | Life vest worn -for working side(s) | | |  |  |
|  | Communication in place with person(s) in job-VHF | | |  |  |
|  | Engines stopped | | |  |  |
|  | Stage with tools are checked and tested | | |  |  |
|  | Life buoy(s) in place | | |  |  |
|  | Lifeline/stopper for the harness in place and tested, | | |  |  |
|  | Working hour / Rest hour agreed | | |  |  |
| **Authorizing of Permit** | | | | | |
| I am satisfied that all precautions have been taken and that safety arrangements will be maintained for the duration of the work. | | | | | |
| **Master :** | | **Date:** | **Sign:** | | |
| **Receipt of Permit** | | | | | |
| 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 | | | | | |
| **On Deck Supervisor:** | | **Date:** | **Sign:** | | |
| **Clearance of Permit** | | | | | |
| The work for which this permit to work was issued is now (suspended / completed) and all my people under my charge has been withdrawn and warned that is no longer safe to work on the apparatus detailed in this permit to work.  All work equipment, tools, test instruments, etc. has been removed. | | | | | |
| **On Deck Supervisor:** | | **Date:** | **Sign:** | | |