|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERMIT TO WORK (PTW)**  **WORK IN LIFTSHAFTS** | | | | | | | | | | | | | | | |
| Ships Name : | | | | | | | | | Date : | | | | | | |
| **Permit Validity** (must not exceed the duration of the work shift i.e. max 12 hours) | | | | | | | | | | | | | | | |
| From : | | | Hours | | Date | | To : | | | Hours | | Date | | | |
| **Officer Responsible For Work, Description Of Work, Location Of Work and Work Team Leader** | | | | | | | | | | | | | | | |
| Officer responsible for work:  Chief Engineer  Chief Electrician  Other: ............................... | | | | | | | | | | | | | | | |
| Description of work : | | | | | | | | | | | | | | | |
| Location of work : | | | | | | | | | | | | | | | |
| Work Team Leader : | | | | | | | | | | | | | | | |
| **Checks And Preparations To Be Completed By The Officer Responsible PRIOR To The Start Of Work In The Lift-shaft:** | | | | | | | | | | | | | **Yes** | **No** | |
| 1 | Work schedule approved by Chief Electrician | | | | | | | | | | | |  |  | |
| 2 | Person assigned to perform work (Print name) : | | | | | | | | | | | | | | |
| 3 | Person aware of Safety Instruction (Signature): | | | | | | | | | | | | | | |
| 4 | Bridge advised | | | | | | | | | | | |  |  | |
| 5 | Lift safety devices checked | | | | | | | | | | | |  |  | |
| 6 | Car moved to safe location – for static work only | | | | | | | | | | | |  |  | |
| 7 | Safety harnesses are being used | | | | | | | | | | | |  |  | |
| 8 | Safety barriers erected | | | | | | | | | | | |  |  | |
| 9 | Safety notices on every deck of above Lift posted | | | | | | | | | | | |  |  | |
| 10 | Monitoring staff available | | | | | | | | | | | |  |  | |
| 11 | Supplies to lift isolated and tagged – for static work | | | | | | | | | | | |  |  | |
| 12 | Supplies live, for testing purposes | | | | | | | | | | | |  |  | |
|  |  | | | | | | | | | | | |  |  | |
| **Authorisation and Approval:** | | | | | | | | | | | | | | |
| Relevant Risk Assessment performed/reviewed: | | | | | | | | Risk Assessment updated: Y  N | | | | | | |
| Hazards, Risks and this PTW discussed in a Tool Box Talk (TBT) with all involved: | | | | | | | | | | | | | | |
| In the circumstances noted above it is considered safe to proceed with this work | | | | | | | | | | | | | | |
| Signed | |  | | Name/Rank | | Date & Time: | | | | | Officer Responsible For Work | | | | |
| Signed | |  | | Name | | Date & Time: | | | | | Work Team Leader | | | | |
| Signed | |  | | Name | | Date & Time: | | | | | Ship’s Safety Officer | | | | |
| Signed | |  | | Name | | Date & Time: | | | | | Captain / Staff Captain | | | | |
| **Upon Completion of Work** | | | | | | | | | | | | | | | |
| 1 | Supplies restored, safety notices and tags removed | | | | | | | | | | | |  |  | |
| 2 | Safety and functional test carried out | | | | | | | | | | | |  |  | |
| 3 | Bridge advised that work completed | | | | | | | | | | | |  |  | |
| 4 | Chief Electrician advised that work is completed | | | | | | | | | | | |  |  | |
| Signed | |  | | Name | | Date & Time: | | | | | Responsible Officer | | | | |
| Signed | |  | | Name | | Date & Time: | | | | | Work Team Leader | | | | |
| Original: To Safety Officer for filing Copy: To the work site. | | | | | | | | | | | | | | | |