**WORKING ALOFT/OVERSIDE FORM**

Refer to [Working Aloft /Over-side](../../Volume%20IV/Hyperlink/Working%20aloft%20over%20side%20guideline.doc) Work Permit Procedure for further information.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vessel:** |  | | | | **Date:** |  | | | |
| **Form valid from:** | | **Date:** |  | **Time:** | **Hrs** | **To Date:** |  | **Time:** | **Hrs** |
| **Location of work:** | |  | | | | | | | |
| **Description of work**: | |  | | | | | | | |

Hazard Identification *(To Be Completed By Chief Officer/Chief Engineer/2nd Engineer*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk** | **Tick ()** | | | | **Hazard Description** | **Control Actions Taken** |
| Electrical | Yes |  | No |  |  |  |
| Mechanical | Yes |  | No |  |  |  |
| Chemical | Yes |  | No |  |  |  |
| Sources of Ignition | Yes |  | No |  |  |  |
| Hazardous Atmosphere | Yes |  | No |  |  |  |
| Internal Construction | Yes |  | No |  |  |  |

| **General Safety Procedures Check List** *Make the following checks before performing work Aloft / Outboard:* | **Tick ()** | |
| --- | --- | --- |
| **Yes** | **N/A** |
| 1. Working Aloft / Overside work permit procedure has been read and understood. |  |  |
| 1. The respective department head has properly instructed the “working aloft / overside” team in safe working procedures. |  |  |
| 1. A full risk assessment has been carried out of the work area, and appropriate working aloft equipment have been identified (working from portable ladders should be avoided as far as possible by considering use of scaffolding to provide a safe working platform) |  |  |
| 1. Staging equipment needed for working aloft / overside has been confirmed as being in a safe working condition, is of adequate strength and stability. |  |  |
| 1. Approved safety harness and gentling line has been prepared, checked, and made readily available for use. |  |  |
| 1. When portable ladder is used (refer to 3, it is pitched between 60 and 75 degree from the horizontal, on a firm base, properly secured against slipping or shifting sideway and placed as to afford a clearance of at least 150mm behind the rungs. |  |  |
| 1. Personnel negotiating a ladder uses both hands, and not attempt to carry tools or equipment in their hands. When working, three points of contact with the ladder should be maintained. |  |  |
| 1. When a stage is rigged overside, two gantlines used in its rigging are long enough to trail into the water to provide additional lifelines should a person fall. |  |  |
| 1. All gantlines, lifelines and ropes in the bosun chair have been maintained and inspected, according to company standards. |  |  |
| 1. All gantlines and safety lines are away from sharp edges, heat and moving machinery. |  |  |
| 1. If a crew member is working over the vessel’s side:    1. A work vest has been donned    2. A safety line has been attached to above deck    3. A safety net has been positioned below, (if applicable).    4. A life buoy, with line attached to above deck, has been positioned for immediate use. |  |  |
| 1. Safety Standby person with helmet is remaining on a safe level throughout the operation to assist the workers aloft and ensure that procedure is adhered to at all times. |  |  |

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| **Crew members working aloft or over side:** | | | |
| 1 |  |  |  |
|  | (print name) |  | (signature) |
| 2 |  |  |  |
|  | (print name) |  | (signature) |
| 3 |  |  |  |
|  | (print name) |  | (signature) |
|  |  |  |  |

**Work Area inspected in accordance with the checklist above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Responsible Officer:** |  |  |  |
|  | (print name) |  | (signature) |
| Person in Charge: |  |  |  |
|  | (print name) |  | (signature) |
| Chief Engineer (If Applicable) |  |  |  |
|  | (print name) |  | (signature) |
| Chief Officer (If Applicable) |  |  |  |
|  | (print name) |  | (signature) |
| Second Engineer (If Applicable) |  |  |  |
|  | (print name) |  | (signature) |
| Master’s Approval (All occasions) |  |  |  |
|  | (print name) |  | (signature) |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Completion Of Work** | | | | | | | | | | |
| All work has been completed | | | | Yes | |  | | No |  | |
| All persons, materials and equipment have been withdrawn and area made safe | | | | Yes | |  | | No |  | |
| Time Job completed at | | | |  | |  | | | | |
| Comments: |  | | | | | | | | | |
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| --- | --- | --- | --- |
| **Person in Charge:** |  |  |  |
|  | (print name) |  | (signature) |
| **Responsible Officer:** |  |  |  |
|  | (print name) |  | (signature) |