



SHIP REPAIR SAFE WORK PERMIT

Permit No:

| | | | |
|-----------|----------|----------------------|----------|
| COLD WORK | HOT WORK | CONFINED SPACE ENTRY | GAS FREE |
|-----------|----------|----------------------|----------|

(Tick Applicable Box)

| 1. General Details | | | | | | |
|---|---|--|-----------------------|----------------------------------|--------|----|
| Name of Ship | | | Type of Ship | | | |
| Port/Ship Yard Name | | | Berth/Yard Number | | | |
| Flag of Ship | | | IMO / Official Number | | | |
| Job Carried Out by (Tick Applicable) | Ship Repair Company | | Ship Crew | Overseas Company | Others | |
| Company Name | | | Company Contact | | | |
| Validity (Max 24 Hrs) | From | | To | | | |
| | Date | | Date | | | |
| | Hours | | Hours | | | |
| Location of Work | | | | | | |
| Description of the Job | | | | | | |
| Safety Officer | Name | | Signature | No of People Working at Location | | |
| 2. Safety Control Measures | | | | | | |
| Area of Control | Item | | | YES | NO | NA |
| General | Safety / Tool Box Talk conducted and Risk Assessment prepared and records available at work site | | | | | |
| | Emergency Procedure defined, documented and understood by all workers | | | | | |
| | Adequate PPE as required are made available and appropriate Signboards At work site posted | | | | | |
| | Housekeeping at berth and on board satisfactory | | | | | |
| Hot Work | Work Area/Equipment inspected and made safe. | | | | | |
| | Surrounding area checked, cleaned up, Oil, Rags, combustible material removed and work site made safe. | | | | | |
| | Adjacent Drains/ Vents, Manholes covered and made Safe. All Deck openings barricaded | | | | | |
| | Charged Fire Hose and sufficient number of appropriate Portable Fire Extinguishers are provided. | | | | | |
| | Shield Against sparks provided and ignition hazards contained. Non-Combustible Fire Blanket provided | | | | | |
| | Pipeline free of combustible, water flushed, purged, made gas free, disconnected/isolated and made safe | | | | | |
| | Supply of sufficient Forced Ventilation, Provision of Adequate Lighting and Welding Fumes Exhaust | | | | | |
| | Hot Work Minimum 500mm away from Fuel Tank and at safe distance from tank Vents | | | | | |
| | Equipment/ Tanks washed, cleaned, free from sediments, adequately isolated and gas freed / Adjacent Tanks Gas Freed / Inerted/ Water filled and made safe. | | | | | |
| Fire Watch Name: | | | Signature: | | | |
| Dismantling / Testing of Tanks, Pipes & Valves | No Hot Work within a radius of 3 Meters | | | | | |
| | Use of Containers for collecting Oily Water / Oil | | | | | |
| | No incompatible work processes being carried out in the same vicinity at the same time | | | | | |
| | Equipment/ Pipeline is free Of Liquids, Water Flushed, Purged, made gas free and Isolated and in case of tank testing, tank is washed, cleaned, free from sediments, gas free, isolated and made safe | | | | | |
| Confined Space Entry | Work area has been Gas freed and made human worthy. Gas detector made available by repair company at work site for frequent monitoring of atmosphere, surveyor to verify records on revalidation. | | | | | |
| | All Deck openings are barricaded, passages in tank are safe and free of obstructions | | | | | |
| | Confined space adequately isolated and Suitable Continuous forced Ventilation with Illumination provided | | | | | |
| | Tags provided for Head Count and Notices. | | | | | |
| | Suitable Communication System Provided and Tested | | | | | |
| | Means of Evacuation/ Rescue equipment. and First Aid Box available at site | | | | | |
| Man In Attendance Name: | | | Signature: | | | |
| Working At Height / Scaffolds/Staging* | Full Body Harness Worn By Workers | | | | | |
| | Scaffolding/Staging is level, plumb, and is solid and secured. Proper access and handrails provided | | | | | |
| | Scaffold/Staging components and planking in safe condition for use without damage or deterioration | | | | | |
| | Scaffolding erected by competent persons, supervised by competent supervisor and tags verified. | | | | | |
| | Mobile scaffolding wheel casters of proper size with effective locking devices and in working condition. | | | | | |
| Man lift third party inspection certificate valid and operator trained. | | | | | | |
| Painting / Chemical Cleaning | Supply Of Sufficient Forced Ventilation | | | | | |
| | No Hot Work In The Space To Be Painted /Cleaned and within 3 meters of adjacent tank bulkheads | | | | | |



| | | | | | | | | | |
|--|---|---|------------|---|--------------------------------|-----------|-----------|------------|------------|
| | Adequate Explosion Proof Light In Good Condition Provided | | | | | | | | |
| | Proper blanking and Isolation of pipelines leading to area to be painted. | | | | | | | | |
| | Chemical Resistant PPE Provided for Workers. Use Of Cartridge Type Respirator/ Air Fed Mask | | | | | | | | |
| Hydro Blasting/ Grit Blasting (in enclosed area) | PPE, as appropriate, is provided, Equipment, Men Machineries provided with TPI Certificate. | | | | | | | | |
| | Barricades (Minimum of 03 meters) and signage provided | | | | | | | | |
| | Dust Collection and spent Grit Recovery System provided for Enclosed area Grit Blasting | | | | | | | | |
| | Blast Cleaning Nozzles equipped with an Operating Valve (Dead Man Switch) | | | | | | | | |
| | Blasting carried out from a stable work surface (Ladders, Step Stools, Benches not used) | | | | | | | | |
| | Proper sized Anti-Reversal Device on Hydro Blasting Equipment | | | | | | | | |
| | Blasting System operated within the lowest working pressure (40% of the Burst Pressure) | | | | | | | | |
| | High Pressure Hoses Routed and protected to prevent Vehicular damage and Personnel exposure | | | | | | | | |
| Special Conditions/Precautions/ Attachment | | | | | | | | | |
| 3. Authorization Signatures | | | | | | | | | |
| Issuing Authority | | Performing Authority | | Ship Repair Surveyor | | | | | |
| I Certify that I have inspected the location of work and it is safe to start the hot work/ cold work /confined space entry. | | I have inspected the job site, Accepted all required precautions and continuous job site supervision needed for safe work. | | I have Verified all work permit conditions, including gas measurement and it is approved and safe to commence the job. | | | | | |
| | | | | Name | | | | | |
| | | | | Signature | | | | | |
| | | | | Company | | | | | |
| Date: | Time | Date: | Time | Date | | | | | |
| | | | | Time | | | | | |
| EHS ID No | | EHS ID No | | EHS ID No | | | | | |
| | | | | | | | | | |
| 4. Gas Free Permit | | | | | | | | | |
| Sketch the Location of Tanks/ Spaces Gas Tested | | | | | | | | | |
| | | | | | | | | | |
| GAS Testing Reading shall be performed prior to Hot Work / Confined Space Entry and revalidated (CO, H2S readings given in ppm / O2 reading given in % Vol / Combustible Gas reading given in % LEL) | | | | | | | | | |
| Tank / Space / Pipe Name | O2 | CO | LEL | H2S | Tank / Space/ Pipe Name | O2 | CO | LEL | H2S |
| | | | | | | | | | |
| | | | | | | | | | |
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5. Gas Free Permit Revalidation

| Daily Endorsement | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|-------------------|-------|-------|-------|-------|-------|-------|
| Surveyor Name | | | | | | |
| EHS ID | | | | | | |
| Date /Time | | | | | | |
| Signature | | | | | | |

6. Safe Work Permit Revalidation

| Day | Validity Period | | Issuing Authority | Performing Authority | | Safety Officer | Fire Watch | | Man in attendance | |
|--------------------|-----------------|------|-------------------|----------------------|-------|----------------|------------|-------|-------------------|-------|
| | From | To | | Day | Night | | Day | Night | Day | Night |
| 1 (Night Shift) | Date | Date | | NA | | | NA | | NA | |
| | Time | Time | | NA | | | NA | | NA | |
| 2 | Date | Date | | | | | | | | |
| | Time | Time | | | | | | | | |
| 3 | Date | Date | | | | | | | | |
| | Time | Time | | | | | | | | |
| 4 | Date | Date | | | | | | | | |
| | Time | Time | | | | | | | | |
| 5 | Date | Date | | | | | | | | |
| | Time | Time | | | | | | | | |
| 6 | Date | Date | | | | | | | | |
| | Time | Time | | | | | | | | |
| 7 | Date | Date | | | | | | | | |
| | Time | Time | | | | | | | | |

7. Permit Closure Signatures

| Performing Authority | | Issuing Authority | |
|--|-----------|---|------------|
| Job is stopped/ completed and men, material & machinery are withdrawn, job site is cleaned and permit may be cancelled. | | The Job is completed, location of work inspected and considered safe. Work permit is hereby cancelled. | |
| Name: | Signature | Name: | Signature: |
| Date: | Time: | Date: | Time: |
| EHS ID No. | | EHS ID No. | |

Remarks (By Competent Authority):

RULES FOR ISSUANCE OF SAFE WORK PERMIT

1. "Issuing Authority"- EHS Approved Project Manager/ Project Engineer/ Safety Officer of the Business Unit or Master of the Ship is the Permit Issuer and responsible for entire work and coordination.
2. "Performing Authority"-EHS Approved Ship Repair Company Supervisor or the Responsible Ship Officer.
3. "Competent Authority"- EHS Officer - Ports & Maritime Section.
4. "Ship Repair Surveyor"- EHS Approved Ship Repair Surveyor.
5. Safe Work and Gas Free Permit Maximum Validity 24 Hours.



6. Subsequent Monitoring of gas condition at the hot work site and confined space, as referred on the permit, shall be performed by competent persons of the Repair Company. The gas readings shall be logged and shall be made available at site for reference. Ship Repair Surveyor shall verify and confirm the gas reading log prior revalidating the permit
7. EHS Approved ship repair surveyor should initiate separate safe work permit for each location onboard vessel requiring repairs.
8. EHS Approved Third Party Agencies Supervisors & Surveyors only shall mention their EHS-ID Number in the Permit.
9. Ship Repair Permit is Mandatory for All Types of Non-Routine Jobs as defined in EHS Regulations and Guidelines.
10. All Permits shall be Re-Issued in case the Vessel changes its location.
11. If any change in gas conditions during revalidation, the permit shall be cancelled and re-issued.
12. All relevant conditions in the Permit shall be checked and Ticked or reflected as "Yes" "No", as appropriate. (No section to be left blank or crossed out. Over-writing is not permitted.)
13. Original (White) Permit copy shall be available at the Work Site for Competent Authority Verification.
14. Surveyor to ensure that all authorized signatories have signed at their designated place on Permit, prior handing over the Permit to issuing / performing authority for starting repair jobs.
15. Authorized signatories are not allowed to sign any section of permit in advance, and mention a later date and time.
16. No Signatory shall sign for both: Issuing Authority and Performing Authority.
17. Upon Completion of the Job(s), the Permit shall be closed by Issuing Authority & Performing Authority by signing at the relevant Columns.
18. Issuing authority, Performing Authority and Ship Repair Surveyor have authority to withdraw the work permits and stop work should they consider any hazardous conditions exist or are likely to exist during the course of the approved work.
19. Competent Authority has the authority to stop work and cancel work permits should they observe
 - Any hazardous conditions exist or are likely to exist during the course of the approved work.
 - Any non-compliance from the repair/Survey company with reference to the conditions as specified on the issued permit or any non-compliance with EHS, Ports & Maritime Rules and Regulations
 - Any misappropriation from the repair/Survey company on the way the permit has been issued or been renewed
20. EHS Approved Ship Repair Surveyor shall approve all Hot Works and, Vessel Enclosed/ Confined Space Entries.
21. EHS Ship Repair Safe Work Permit shall be obtained for all scaffolding/staging (including erection and dismantling) having working platform 04 meters and above the ground level.
22. All staging erected on vessels at wet berth where there is probability of personnel falling into water in which there is a risk of drowning should have EHS Ship Repair Safe Work Permit issued from EHS Approved Surveyor.
23. All scaffolds/staging erected irrespective of the height shall be approved and tagged and other safety requirements as per international standards shall be implemented.
24. All Concerned Personnel(s) Involved in the Issuance of the Safe Work Permit for Ship Repair Jobs are required to fully understand and comply with EHS (Ports & Maritime Section) Rules & Regulations for the safe conduct of the planned Repair Work.
25. Any Emergency Situation makes this Permit Invalid and a New Permit shall be issued for the Job to be Re-commenced.
26. In case of any emergency, immediately contact Command Control Centre (CCC): 04-8874000 (Ports Areas)
27. Dubai Maritime Security (DMC Areas): 056-389-3550
28. Distribution of the Permit Copies Immediately after Approval by EHS- Ship Repair Surveyor:
Original (White): Work Site/ Location of Work
First Copy (Pink): EHS approved Ship Repair Surveyor
Second Copy (Blue): Marine Department
29. Ship Surveyor Company shall fill the Safe Work Permit Tracking Sheet (TRK-EHS-PM-CF04b) and upon completion shall submit by E-mail to EHS' Ports & Maritime Section: ehs.ports@pcfc.ae
30. Permit shall be issued per location.

RULES FOR SAFE WORK PERMIT REVALIDATION

1. Safe Work/Gas Free Permit Revalidation Table must be renewed daily even if permitted work is not carried out.
2. In case of No Work, only Performing Authority is exempted from signing.
3. In case of Shifts, System Revalidation sheet will be signed prior each shift.
4. If Safe Work / Gas Free Permit is Not Revalidated within 24 hours, the Safe Work Permit shall remain invalid and is to be cancelled off.
5. Safe Work / Gas Free Permit can be extended to a maximum duration of 7 days from the date of Permits Issuance.
6. Revalidation Table shall be signed only by Authorized Signatories.
7. Authorized Signatories shall not issue / revalidate the Ship Repair Safe Work Permit without physical inspection of work site.

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