Jurong Port	OMC PTW Hot Work on Vessel Land Based	Doc No: JPPL_EHS- 19-03-F-01	Revision No: 02	Effective Date: 28 December 2018	Page: 1 of 5
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SUPEI Descrip Work L	E 1: APPLIC RVISOR otion of work: ocation : ate & Time:	ATION BY HOT WORK	OMC Permit N Sketch of the area		not work v	will be carried	out.	Date Time Name	nent by vork
I shall e	ensure complian	ce with the below mentioned require	ments prior to the c	ommencem	ent of ho	t work.		Signature	
								Da	ay 3
No	Requirements			Yes	No	N/A		Date	
1		vicinity shall be free of flammable/tox ble works being carried out.	ic substances and					Time	
2		ot work has been clearly demarcated.						Name	
2		vatchman is assigned for the work ar	nd equipped with					Signature	
3	firefighting eq	-	a chaibbea unu						•
	Fire Watchma	n deployed for the scope of works.						Da	ay 4
4	NAME							Date	
	WP/IC No						-	Time	
5		ting and ventilation must be provided						Name	
6		e to be worn by the workers.					-	Signature	
7	-	ctions of gas hoses and cutting torc	h shall not be of					<u> </u>	
	jubilee clip.	, aquinment must be increated a	nd are in good					D	ay 5
8	construction f	<ul> <li>equipment must be inspected a or safe usage.</li> </ul>	na are in good					Date	
	All oxygen/ ac	etylene cylinder in use shall be placed	on the wharf/pier					Time	
9	in a secured a	nd upright manner away from heat so	urce.					Name	
10	Cutting torche arrestor.	es/cylinder must be equipped with aut	horized flashback					Signature	
11		play of valid (Permit Validity: For Vesse	el - 7 days, Ground						
11	- 3 days) perm	nit at work sites.						Da	ay 6
	Hot work mu	st be carried out strictly only by wo	orkers who are in					Date	
12	possession o	of a valid SSIC (General) & (He	ot Work trade)					Time	
	pass/certificat	te						Name	
13		ent to be conducted and submitted.						Signature	
12	Remark (if any	()						<u> </u>	
								Da	ay 7

Designation / Name

Signature

Date & Time

Company/ Department

Contact no

Date

Time

Name

2018

The hot work area is:       Fit For Work       Not Fit For Work.         Designation / Name       Signature       Date & Time       Company/ Department       Contact no         STAGE 3 : APPROVAL BY CAPTAIN / CHIEF ENGINEER       Intereby confirm that all of the below mentioned safety requirements are complied with prior to commencing and throughout the duration of the hot work.       Intereby confirm that all of the below mentioned safety requirements are complied with prior to commencing and throughout the duration of the hot work.         1. The hot work area, its adjacent confined space and surrounding are free of combustible /flammable material and gases.       2.         2. There are no incompatible works being carried out.       3.         3. All relevant documents stated in Stage 1 have been received.       4.         4. The intended work area is fit for hot work activities.       5.         5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system         6. The hot work activities are co-coordinated with the applicant for a safe operation.         Additional safety precautions if any:							
mentioned hot work area and the result of the test is reflected below:	STAGE 2 : EVALUA	TION BY SAFET	Y ASSESSOR (HC	DT WOR	K TRADE)		
Drygen         Flammable Gas         Toxic Gas         Other Toxic Gas           Result of Gas Testing         Image: Control of Contro	I have inspected and o	confirmed that the	recommended safe	ty measu	res are in pla	ice. I have pei	rform gas testing of the
Result of Gas Testing	mentioned hot work a	rea and the result	of the test is reflect	ed below	:		
Permissible       Entry       19.5 % - 23.5%       Less than 10% LEL       Refer to First Schedule of WSH (G P) Regulation         Remarks (if any):		Oxygen	Flammable Gas	Toxic Ga	s	Other Toxic G	as
tevel         Remarks (if any):         The hot work area is:       Fit For Work         Designation / Name       Signature       Date & Time       Company/ Department       Contact no         STAGE 3: APPROVAL BY CAPTAIN / CHIEF ENGINEER         I hereby confirm that all of the below mentioned safety requirements are complied with prior to commencing and throughout the duration of the hot work.         1. The hot work area, its adjacent confined space and surrounding are free of combustible /flammable material and gases.         2. There are no incompatible works being carried out.         3. All relevant documents stated in Stage 1 have been received.         4. The intended work area is fit for hot work activities.         5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system         6. The hot work activities are co-coordinated with the applicant for a safe operation.         Additional safety precautions if any:	Result of Gas Testing						
The hot work area is:       Fit For Work       Not Fit For Work.         Designation / Name       Signature       Date & Time       Company/ Department       Contact no         STAGE 3 : APPROVAL BY CAPTAIN / CHIEF ENGINEER         I hereby confirm that all of the below mentioned safety requirements are complied with prior to commencing and throughout the duration of the hot work.         1. The hot work area, its adjacent confined space and surrounding are free of combustible /flammable material and gases.         2. There are no incompatible works being carried out.         3. All relevant documents stated in Stage 1 have been received.         4. The intended work area is fit for hot work activities.         5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system         6. The hot work activities are co-coordinated with the applicant for a safe operation.         Additional safety precautions if any:		19.5 % - 23.5%	Less than 10% LEL	Refer to	First Schedule	of WSH (G P) R	egulation
Designation / Name       Signature       Date & Time       Company/ Department       Contact no         STAGE 3 : APPROVAL BY CAPTAIN / CHIEF ENGINEER         1 hereby confirm that all of the below mentioned safety requirements are complied with prior to commencing and throughout the duration of the hot work.         1. The hot work area, its adjacent confined space and surrounding are free of combustible /flammable material and gases.         2. There are no incompatible works being carried out.         3. All relevant documents stated in Stage 1 have been received.         4. The intended work area is fit for hot work activities.         5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system         6. The hot work activities are co-coordinated with the applicant for a safe operation.         Additional safety precautions if any:	Remarks (if any):						
STAGE 3 : APPROVAL BY CATTAIN / CHIEF ENGINEER         I hereby confirm that all of the below mentioned safety requirements are complied with prior to commencing and throughout the duration of the hot work.         1. The hot work area, its adjacent confined space and surrounding are free of combustible /flammable material and gases.         2. There are no incompatible works being carried out.         3. All relevant documents stated in Stage 1 have been received.         4. The intended work area is fit for hot work activities.         5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system         6. The hot work activities are co-coordinated with the applicant for a safe operation.         Additional safety precautions if any:	The hot work area is:	Fit Fo	r Work	No	t Fit For Worl	ς.	
I hereby confirm that all of the below mentioned safety requirements are complied with prior to commencing and throughout the duration of the hot work.  1. The hot work area, its adjacent confined space and surrounding are free of combustible /flammable material and gases.  2. There are no incompatible works being carried out. 3. All relevant documents stated in Stage 1 have been received. 4. The intended work area is fit for hot work activities. 5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system 6. The hot work activities are co-coordinated with the applicant for a safe operation. Additional safety precautions if any:  Designation / Name Signature Date & Time Company/Department Contact no STAGE 4 : APPROVAL BY AUTHORIZED MANAGER I am satisfied that: (a) there has been a proper evaluation of the risks and hazards in carrying out the work; (b) there are no incompatible works which may pose risk to the safety and health of persons who will be carrying out hot work at the mentioned areas; (c) all reasonably practicable measures will or have been taken to ensure the safety and health of persons who will be performing the hot work activity; and (d) all persons who will be carrying out the hot work are informed of the hazards associated with the work. Remarks (if any): The hot work activity is: Approved Approved Rejected.	Designation / Name	Signatur	e Date &	Time	Company/ [	epartment	Contact no
throughout the duration of the hot work.	STAGE 3 : APPROV	AL BY CAPTAIN	/ CHIEF ENGIN	EER			
2. There are no incompatible works being carried out. 3. All relevant documents stated in Stage 1 have been received. 4. The intended work area is fit for hot work activities. 5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system 6. The hot work activities are co-coordinated with the applicant for a safe operation. Additional safety precautions if any:	throughout the durati	on of the hot work					-
<ul> <li>3. All relevant documents stated in Stage 1 have been received.</li> <li>4. The intended work area is fit for hot work activities.</li> <li>5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system</li> <li>6. The hot work activities are co-coordinated with the applicant for a safe operation.</li> <li>Additional safety precautions if any:</li></ul>	gases.						
<ul> <li>4. The intended work area is fit for hot work activities.</li> <li>5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system</li> <li>6. The hot work activities are co-coordinated with the applicant for a safe operation.</li> <li>Additional safety precautions if any:</li> <li></li></ul>	2. There are no incom	patible works being	g carried out.				
5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system 6. The hot work activities are co-coordinated with the applicant for a safe operation. Additional safety precautions if any:	3. All relevant docume	ents stated in Stage	1 have been receive	ed.			
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Additional safety precautions if any:	5. There are no transf	erring / bunkering o	of flammable/toxic of	cargo and	opening/dis	mantling of its	s related system
Designation / Name       Signature       Date & Time       Company/ Department       Contact no         STAGE 4 : APPROVAL BY AUTHORIZED MANAGER         am satisfied that:         (a) there has been a proper evaluation of the risks and hazards in carrying out the work;         (b) there are no incompatible works which may pose risk to the safety and health of persons who will be carrying out hot work at the mentioned areas;         (c) all reasonably practicable measures will or have been taken to ensure the safety and health of persons who will be carrying out the hot work are informed of the hazards associated with the work.         Remarks (if any):	6. The hot work activi	ties are co-coordina	ated with the applic	ant for a	safe operatio	n.	
STAGE 4 : APPROVAL BY AUTHORIZED MANAGER         I am satisfied that:         (a) there has been a proper evaluation of the risks and hazards in carrying out the work;         (b) there are no incompatible works which may pose risk to the safety and health of persons who will be carrying out hot work at the mentioned areas;         (c) all reasonably practicable measures will or have been taken to ensure the safety and health of persons who will be carrying out the hot work activity; and         (d) all persons who will be carrying out the hot work are informed of the hazards associated with the work.         Remarks (if any):	Additional safety prec	autions if any:					
<ul> <li>I am satisfied that:</li> <li>(a) there has been a proper evaluation of the risks and hazards in carrying out the work;</li> <li>(b) there are no incompatible works which may pose risk to the safety and health of persons who will be carrying out hot work at the mentioned areas;</li> <li>(c) all reasonably practicable measures will or have been taken to ensure the safety and health of persons who will be performing the hot work activity; and</li> <li>(d) all persons who will be carrying out the hot work are informed of the hazards associated with the work.</li> <li>Remarks (if any):</li></ul>	Designation / Name	Signatur	e Date &	 Time	Company/ [	epartment	Contact no
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hot work at the mentioned areas;         (c) all reasonably practicable measures will or have been taken to ensure the safety and health of persons who will be performing the hot work activity; and         (d) all persons who will be carrying out the hot work are informed of the hazards associated with the work.         Remarks (if any):         The hot work activity is:         Approved         Rejected.	(a) there has been a p	roper evaluation of	the risks and hazar	ds in carr	ying out the	work;	
performing the hot work activity; and (d) all persons who will be carrying out the hot work are informed of the hazards associated with the work. Remarks (if any): The hot work activity is: Approved Rejected.			ch may pose risk to	the safe	ty and health	of persons w	ho will be carrying out
Remarks (if any):      The hot work activity is:      Approved      Rejected.			vill or have been tal	ken to en	sure the safe	ty and health	of persons who will be
The hot work activity is: Approved Rejected.	(d) all persons who wi	ll be carrying out th	ne hot work are info	ormed of t	the hazards a	ssociated witl	h the work.
	Remarks (if any):						
Designation / Name     Signature     Date & Time     Company/ Department     Contact no	The hot work activity	is:	Approve	d 🗌		Rejected.	
	Designation / Name	Signatur	e Date &	Time	Company/ [	epartment	Contact no

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STAGE 5 : NOTIFICATIO	ON OF COMPLETI	ON / TERMINATI	ON OF WORK BY HOT V	VORK SUPERVISOR
I confirm that all work is co	mplete and the wor	k place is in a clean s	afe condition, I have instruct	ted the work party that
the work is complete and t	he permit is now car	ncelled.		
Work complet	ion 🗌 Ca	nceled On Date	e & Time :	
Remarks (if any):				
Designation / Name	Signature	Date & Time	Company/ Department	Contact no
STAGE 6: ACKNOWLE	DGEMENT BY ON	AC WSH DEPARTI	MENT	
I acknowledge that the per	mit is closed and is r	eturned back to OM	C WSH Department.	
Designation / Name	Signature	Date & Time	Company/ Department	Contact no

## VALIDATION / CHANGE PERMIT HOLDER

THE PERMIT	THE PERMIT HOLDER CONFIRMS THE SCOPE OF THE SITE CONDITIONS ARE UNCHANGED AND THAT THE SAFETY PRECAUTIONS WILL BE								
OBSERVED B	OBSERVED BY ALL PERSONS WORKING UNDER THIS WORK PERMIT								
DATE	TIME	TIME NAME SIGNATURE							

## VALIDATION OF PERSONS WORKING UNDER THIS PERMIT TO WORK

	PERSONS WORKING UNDER THIS PTW CONFIRMS THAT THEY HAVE BEEN BRIEFED ON THE FULL SCOPE OF WORK, ATTENDED THE TOOL BOX MEETING, PARTICIPATED IN THE JOB SAFETY ANALYSIS AND DECLARE THAT THEY WILL ABIDE BY THE STATED WORK CONDITIONS.									
	THE PERSONS UNDER THIS PTW ARE APPOINTED FOR THE SOLE PURPOSE FOR THE ABOVE DECLARED WORK ACTIVITY.									
DATE	TIME	NAME	Designation	SIGNATURE						

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## Daily Gas Monitoring Record by Hot work Assessor

TANK DETAILS						
Day 1 Date:	Time:	Time:	Time:		Time:	Time:
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						
TANK DETAILS						
Day 2 Date:	Time:	Time:	Time:	Time:	Time:	Time:
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						
TANK DETAILS						
Day 3 Date:	Time:	Time:	Time:	Time:	Time:	Time:
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						
TANK DETAILS						
Day 4 Date:	Time:	Time:	Time:	Time:	Time:	Time:
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						
TANK DETAILS						
Day 5 Date:	Time:	Time:	Time:	Time:	Time:	Time:
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						
TANK DETAILS						
Day 6 Date:	Time:	<u>Time:</u>	<u>Time:</u>	<u>Time:</u>	<u>Time:</u>	<u>Time:</u>
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						

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Signature						
TANK DETAILS						
Day 7 Date:	Time:	Time:	Time:	Time:	Time:	Time:
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						