

<p><b>Stage 1 : Application By WAH Supervisor</b></p>		<p><b>OMC Permit No:</b></p>			
<p><u>Company Name:</u></p>		<p><u>Date and Time:</u></p>			
<p><u>Description of Work To Be Carried Out:</u></p>					
<p><u>Location of Work</u></p> <p><input type="checkbox"/> Vessel : _____ (Please specify Vessel Name &amp; exact location of work)</p>			<p><input type="checkbox"/> Land : _____ (Please specify the exact location of work)</p>		
<p><u>Start Date / Time</u></p>		<p><u>End Date / Time</u></p>			
S/N	Description of WAH Control Measures Implemented	Yes	No	NA	Remarks
1	Safe means of access / egress provided?				
2	Edge protection provided wherever there is falling hazards?				
3	Fall prevention equipments used to access/ egress work platform?				
4	Fall prevention equipments used are adequate and in good condition?				
5	Anchorage / lifeline installed and inspected?				
6	Travel restraint system used to safeguard persons from falling hazards?				
7	All person subjected to falling hazards are equipped with Personal Fall Arrest System?				
8	All person subjected to falling hazards are adequately trained to perform work at heights?				Attached Certificates
9	Fall Protection Plan & Risk Assessment conducted and communicated?				Attached RA
10	Emergency Response Procedure for WAH activities developed and communicated to workers?				Attached Procedure
11	Risk Assessment and worker's training certificate placed on site for inspection?				
12	WAH Permit displayed on site for the duration of the approved task and removed only upon task completion or upon its expiry?				
13	Others (Please specify): _____				
<p>Sketch of the falling hazard area (attached separate sheet/photo if necessary)</p>					
<p><u>Remarks</u></p>					
<p>I declare that the information provided is accurate and the control measures listed above have been effectively implemented. (attach WAH course certificate for the role)</p>					
_____	_____	_____	_____	_____	
Name / Designation	Signature	Date & Time	Contact No.	Company Name	

### Stage 2: Evaluation By WAH Safety Assessor

S/N	Description of Evaluation List	Yes	No	NA	Remarks
<b>Assessment of Control Measures:</b>					
1	All reasonably practicable measures have been taken?				
2	Verification of documents/ interview workers / others?				
<b>Site Survey with Supervisor</b>					
3	All persons on site are protected from falling hazards?				
4	Surrounding areas do not pose additional hazards?				
<b>Multiple Location / Extended Duration</b>					
5	Hazards are common at various locations / time period?				
6	Control measures are applicable and effective?				

**Remarks**

I have evaluated the application and is satisfied that all reasonably practicable measures have been taken effectively.  
(attached WAH course certificate for the role)

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Name / Designation                      Signature                      Date & Time                      Contact No.                      Company Name

### Stage 3: Approval By WAH Authorized Manager

S/N	Description	Yes	No	NA	Remarks
1	Proper Permit-to-work evaluation has been completed?				
2	No incompatible works that may pose additional hazards?				
3	Control measures have been implemented effectively?				
4	Fall from height risks have been effectively mitigated?				

**Remarks**

I authorize the work at heights to the conditions and duration stated in this permit.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Name / Designation                      Signature                      Date & Time                      Contact No.                      Company Name

### Daily Endorsement –(If task exceed 1 day , Daily Endorsement by Authorized Manger is required)

Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

### Stage 4: Task Completion By WAH Supervisor

The WAH task has been :  Completed  
 Suspended due to permit expiry  
 Terminated due to change in conditions

**Date /Time**

**Remark**

I confirm that the work area has been restored to its original condition and no hazards have been introduced.

\_\_\_\_\_  
Name / Designation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Contact No.

\_\_\_\_\_  
Company Name

### Stage 5: Acknowledgement By OMC WSH Department

I acknowledge that the permit is closed and is returned back to OMC WSH Department.

\_\_\_\_\_  
Name / Designation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Contact No.

\_\_\_\_\_  
Company Name

## Workers List

I, as per name list below, have been briefed on the risk assessment and falling from heights hazards of the work process and fully understands all the control measures mentioned in the risk assessment prior to work commencement and will abide to it. I have been issued with the Personnel Fall Arrest System and have inspected that it is in working conditions prior to use.

S/N	Name	NRIC / Work Permit no.	Designation	Signature

I, \_\_\_\_\_, hereby confirm that I have made the necessary inspection before completing the said declaration. I have also briefed and ensured that all the workers (as per name list above) understand the risk assessment prior to work commencement.

\_\_\_\_\_  
Name / Designation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Contact No.

\_\_\_\_\_  
Company Name

## Fall Protection Equipment

S/N	Equipment Serial No.	Expiry Date	Condition of Equipment (Good / Bad)	Remark

I, \_\_\_\_\_, hereby confirm that I have made the necessary inspection before completing the said declaration.

\_\_\_\_\_ Name / Designation

\_\_\_\_\_ Signature

\_\_\_\_\_ Date & Time

\_\_\_\_\_ Contact No.

\_\_\_\_\_ Company Name