

## PTW- WORKING ABOVE / ADJACENT TO WATERS

### GENERAL INFORMATION

Company:	<b>OMC Permit No:</b>
Location of Work:	Sketch of the area where work is to be conducted:
Description of Work:	
Start Date & Time:	
End Date & Time:	

### STAGE 1: APPLICATION BY TRADE SUPERVISOR

I shall ensure compliance with the below mentioned requirements prior to the commencement and during the work above / adjacent to waters

- Life buoys or equivalent shall be fitted on site, not less than 10m of line in order to pull the worker to safety.
- Approved gangways are provided to access the marine vessels/barges.
- Suitable netting are provided under the gangways
- Workers are provided with and wearing life jackets
- Emergency fall protection plan is developed and sufficient first aiders provided
- Adequate lighting is provided for night works

RELEVANT DOCUMENTS (PLEASE TICK)	✓
Risk Assessment for the intended work in place	✓
Emergency Fall Protection Plan	
JSA Briefing to workers	

Name & Designation

Signature

Date & Time

Company Name

Contact Number

### STAGE 2: ENDORSEMENT BY SAFETY PERSONNEL

I have inspected and confirmed that the recommended safety measures are in place.

Remarks (if any) \_\_\_\_\_

Name & Designation

Signature

Date & Time

Company Name

Contact Number

**STAGE 3: APPROVED BY PROJECT MANAGER/SITE MANAGER**

1. I have evaluated the hazards and risks associated with the job.
2. I have instructed the safety personnel to ensure the hazards and risks are eliminated or critically reduced to a contemporary objective standard and all recommended safety measures are in place.

Name & Designation	Signature	Date & Time	Company Name	Contact Number
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**STAGE 4: NOTIFICATION OF COMPLETION BY TRADE SUPERVISOR**

Work above / adjacent to waters was completed on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ hrs.

Name & Designation	Signature	Date & Time	Company Name	Contact Number
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**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	Company Name	Contact Number
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**VALIDATION / CHANGE PERMIT HOLDER**

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

DATE	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.

PERSONS WORKING UNDER THIS PTW CONFIRMS THAT THEY HAVE BEEN BRIEFED ON THE FULL SCOPE OF WORK, ATTENDED THE TOOL BOX

