

Mechanical Equipment (Temporary/ Permanent) Entry & Exit Notification

SECTION A: GENERAL INFORMATIONS

We hereby declare that the information as given in the form is true and agree to undertake as follows :

- That we are bound by the provisions in the Workplace Safety and Health Act, relevant legislations and other relevant government and statutory rules, regulations, codes.
- That we shall indemnify and keep indemnified OMC in full from and against all claims, demands, suits, proceedings, orders, costs, losses and expenses of any nature whatsoever which the Port may suffer or incur in connection with our use of the below mentioned equipment in OMC.
- That we shall at all times comply strictly with all requirements, rules and regulations as set by OMC.
- This notification is valid for specific operations as submitted and not transferable.
- Submitted all relevant documents as requested by OMC (not limited to documents listed in Section F).

Name of Company: _____

Tel: _____

Address: _____

Fax: _____

Company Stamp

*Authorized Person: _____ NRIC _____

Signature: _____ Date: _____

*Authorized Person – On behalf of company

SECTION B: TYPE OF EQUIPMENT

Mobile Crane Forklift Generator Air Compressor Mech. Elevated Work Platform (e.g. Boom Lift, Scissor Lift)

Others, please specify: _____

SECTION C: LOCATION OF WORK

Location of work :

For Temporary
Stationing Of Equipment

For Permanent Stationing Of *Equipment (not
applicable for Air Compressor / Generator)

Entry Of Equipment Date/ Time:

SECTION D: EQUIPMENT ENTRY APPROVAL (For Official Use)

<input type="checkbox"/> Valid Risk Assessment	<input type="checkbox"/> Valid MOM/PE Certificate (Applicable to Crane/ Air Compressor/ Work Platform)	<input type="checkbox"/> SSIC conducted	<input type="checkbox"/> Pre-operation Checklist (Not applicable for air compressor/ generator)
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<input type="checkbox"/> Valid Training Certificate (Applicable to crane/ forklift/ Mech Elevated Work Platform)	<input type="checkbox"/> Valid Insurance	<input type="checkbox"/> Vehicle Number and Tonnage : _____	<input type="checkbox"/> Other, please specify:
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SECTION E: FOR EQUIPMENTS AT WHARF AND COMMON ROADS

OMC Permit No:

OMC Clearance (For Official Use)

Approval Obtained for Equipment mobilization at wharf/ common roads requirements

Approving OMC Staff	:		
Date/Time	:	/	Signature: _____
Remarks	:		OMC Stamp

SECTION F: EQUIPMENT PASSOUT APPROVAL

Security Clearance

Pass out Of Mechanical Equipment Is Approved

Approving OMC Staff	:		
Date/Time	:	/	Signature: _____
Remarks	:		OMC Stamp