|                                                                                                                                                                                                                       | Document Type                        |        |        | Page 1 of 2  |                                                    |        |                  |         |    |    |  |
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| مرافئ أبوظي<br>ABU DHABI TERMINALS                                                                                                                                                                                    | HSE OPERATIONAL CONTROL FORMS        |        |        |              |                                                    |        |                  |         |    | 22 |  |
| ABU DHABI TERMINALS                                                                                                                                                                                                   |                                      |        |        |              | Document No                                        |        | ADTKP-OP-309-FRM |         | )2 |    |  |
|                                                                                                                                                                                                                       | Form Title                           |        |        |              | Effective Date                                     |        | 30/06/2013       |         |    |    |  |
|                                                                                                                                                                                                                       | HOT WORK PERMIT                      |        |        |              | Review D                                           | ate    | 02/0             | )7/2019 |    |    |  |
| Personnel who are to carry out Hot Work outside of designated workshops and welding areas must be authorised. A risk assessment shall be performed, with appropriate controls put in place, prior to work commencing. |                                      |        |        |              |                                                    |        |                  |         |    |    |  |
| Are the personnel working on this hot work task Trained and Competent?                                                                                                                                                |                                      |        |        |              |                                                    |        | □ YES            | □ NO    |    |    |  |
| Has a trained and competent Standby Person been nominated?                                                                                                                                                            |                                      |        |        |              |                                                    | □ NO   |                  |         |    |    |  |
| SECTION 1 – Specification of Work                                                                                                                                                                                     |                                      |        |        |              |                                                    |        |                  |         |    |    |  |
|                                                                                                                                                                                                                       | /ELDING 🛛 GAS C                      | UTTI   | NG     | 🗆 G          | RINDING                                            |        | OTHER            |         |    |    |  |
| Location of Work<br>Area:                                                                                                                                                                                             |                                      |        |        |              |                                                    |        |                  |         |    |    |  |
| Purpose:                                                                                                                                                                                                              |                                      |        |        |              |                                                    |        |                  |         |    |    |  |
| Name of persons                                                                                                                                                                                                       |                                      |        |        |              |                                                    |        |                  |         |    |    |  |
| planned for work:                                                                                                                                                                                                     |                                      |        |        |              |                                                    |        |                  |         |    |    |  |
| SECTION 2 - Checklist                                                                                                                                                                                                 | YES/NO These items are t             | o be o | consid | dered in the | Risk Assess                                        | ment   |                  |         |    |    |  |
|                                                                                                                                                                                                                       |                                      | Y      | Ν      |              |                                                    |        |                  |         | Y  | Ν  |  |
| Portable Fire Extinguisher(s                                                                                                                                                                                          |                                      |        |        |              | int screens are                                    |        |                  | sparks? |    |    |  |
| Hose and running water ava                                                                                                                                                                                            |                                      |        |        | Gas cylinde  | r/hose is in go                                    | od con | dition?          |         |    |    |  |
| Are combustible materials removed from 10m radius?<br>(reverse side from welding/grinding MUST be clear)                                                                                                              |                                      |        |        | All cables a | s are free from damage/cut?                        |        |                  |         |    |    |  |
| Tool box talk is provided?                                                                                                                                                                                            |                                      |        |        | Adequate e   | arthing is provided?                               |        |                  |         |    |    |  |
| Appropriate PPE Provided?                                                                                                                                                                                             |                                      |        |        | Safety sign  | s are provided?                                    |        |                  |         |    |    |  |
| Power and gas leads removed from hot work area?                                                                                                                                                                       |                                      |        |        | Area is barr |                                                    |        |                  |         |    |    |  |
| Flashback arrestors fitted?                                                                                                                                                                                           |                                      |        |        |              | rds are in place for all equipment?                |        |                  |         |    |    |  |
| Fire blanket is provided?                                                                                                                                                                                             |                                      |        |        |              | e Working Platform?                                |        |                  |         |    |    |  |
| Gas Test Required?                                                                                                                                                                                                    |                                      |        |        |              | rept in trolley and secured?                       |        |                  |         |    |    |  |
| Operatives trained in using fire extinguisher?                                                                                                                                                                        |                                      |        |        |              | free from defects?                                 |        |                  |         |    |    |  |
| Adequate illumination?                                                                                                                                                                                                |                                      |        |        | wet down?    | ors cleaned, holes plugged, wooden members<br>own? |        |                  | mbers   |    |    |  |
| Will this work create a hazard with other work in the area?                                                                                                                                                           |                                      |        |        | Communica    | ation (Phone or 2 way radio required)?             |        |                  | ed)?    |    |    |  |
| Hot Work undertaken in a Confined Space?                                                                                                                                                                              |                                      |        |        | Fire Watch   | Personal?                                          |        |                  |         |    |    |  |
| Emergency Response procee<br>understood?                                                                                                                                                                              | dures in place and                   |        |        | Emergency    | contact numbers are provided?                      |        |                  |         |    |    |  |
| Welding equipment / welder                                                                                                                                                                                            | rs (3 <sup>rd</sup> party certified) |        |        |              |                                                    |        |                  |         |    |    |  |
| Additional Checks Requir                                                                                                                                                                                              | ed/Completed:                        |        |        |              |                                                    |        |                  |         |    |    |  |
|                                                                                                                                                                                                                       |                                      |        |        |              |                                                    |        |                  |         |    |    |  |
|                                                                                                                                                                                                                       |                                      |        |        |              |                                                    |        |                  |         |    |    |  |
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| Rep.                                                                                                                              | Document Type                                          |                                            | F                         | Page 2 of 2                    |  |  |  |  |  |  |
| مرافئ أبوظي<br>ABU DHABI TERMINALS                                                                                                | HSE OPERATIONAL                                        | CONTROL FORMS                              |                           |                                |  |  |  |  |  |  |
| ABU DHABI TERMINALS                                                                                                               |                                                        |                                            | Document No               | ADTKP-OP-309-FRM02             |  |  |  |  |  |  |
|                                                                                                                                   | Form Title                                             | _                                          | Effective Date            | · · ·                          |  |  |  |  |  |  |
|                                                                                                                                   | HOT WORK PERMIT                                        |                                            | Review Date               | 02/07/2019                     |  |  |  |  |  |  |
| SECTION 3 - Pers                                                                                                                  | on In charge                                           |                                            |                           |                                |  |  |  |  |  |  |
|                                                                                                                                   |                                                        |                                            |                           |                                |  |  |  |  |  |  |
|                                                                                                                                   | , agree to be bound by the erson directly in charge of | the work. I have read the                  | attached risk assessme    |                                |  |  |  |  |  |  |
| Name:                                                                                                                             | have the <b>Signature:</b>                             | e observed risk controls in<br>Contact No: |                           | Date:                          |  |  |  |  |  |  |
| Name:                                                                                                                             | Signature:                                             | Contact No:                                | Company:                  |                                |  |  |  |  |  |  |
|                                                                                                                                   |                                                        |                                            | 1                         | ,                              |  |  |  |  |  |  |
| SECTION 4 - No C                                                                                                                  | <b>Objection with stam</b>                             | p from Concerned                           | Departments               |                                |  |  |  |  |  |  |
| Engineering                                                                                                                       |                                                        | Operati                                    | ions                      |                                |  |  |  |  |  |  |
| Lingineering                                                                                                                      |                                                        | operati                                    |                           |                                |  |  |  |  |  |  |
|                                                                                                                                   |                                                        |                                            |                           |                                |  |  |  |  |  |  |
| SECTION 5 - Auth                                                                                                                  | norisation and Perm                                    | nit Validity (ADT HS                       | SE DEPARTMENT)            |                                |  |  |  |  |  |  |
| Date of issue :                                                                                                                   | / /                                                    | / / / Starting time : hrs                  |                           |                                |  |  |  |  |  |  |
| Date of expiry :                                                                                                                  | / /                                                    | Expiry                                     | / time :                  | hrs                            |  |  |  |  |  |  |
| SECTION 6 - Exte                                                                                                                  | nsion of Time                                          |                                            |                           |                                |  |  |  |  |  |  |
| Date of issue :                                                                                                                   | / /                                                    | Starti                                     | ng time :                 | hrs                            |  |  |  |  |  |  |
| Date of expiry : / / Expiry time :                                                                                                |                                                        |                                            |                           |                                |  |  |  |  |  |  |
|                                                                                                                                   |                                                        |                                            |                           |                                |  |  |  |  |  |  |
| I authorise the Hot W                                                                                                             | ork subject to condition                               | s/precautions of the Ris                   | sk Assessment indicat     | ed on this Permit.             |  |  |  |  |  |  |
| Name:                                                                                                                             | Signati                                                | ure:                                       | Dat                       | e: / /                         |  |  |  |  |  |  |
| Permit is valid only if the                                                                                                       | conditions existing at the                             | time of issuance continue                  | . It expires upon occurre | ence(s) including hazards such |  |  |  |  |  |  |
| as gas leaks, liquid s                                                                                                            | pills, fire, wind direction ch                         | nanges (vapour blowing in                  | work area, etc.), or at t | he request to cease work.      |  |  |  |  |  |  |
|                                                                                                                                   |                                                        |                                            | f Work Please TICK        | the appropriate response:      |  |  |  |  |  |  |
|                                                                                                                                   | this Hot Work Permit has b                             |                                            |                           |                                |  |  |  |  |  |  |
| The work area and adjac<br>been made safe:                                                                                        | ent areas have been inspe                              | cted after completion of th                | ne work and all hazards   | have 🗆 YES 🗆 NO                |  |  |  |  |  |  |
| The work area and adjacent area have been inspected for duration of fire watch for at least 30 minutes after $\Box$ YES $\Box$ NO |                                                        |                                            |                           |                                |  |  |  |  |  |  |
| completion of the Hot Work.                                                                                                       |                                                        |                                            |                           |                                |  |  |  |  |  |  |
| Equipment has been checked and restored correctly.                                                                                |                                                        |                                            |                           |                                |  |  |  |  |  |  |
| Additional Comments:                                                                                                              |                                                        |                                            |                           |                                |  |  |  |  |  |  |
|                                                                                                                                   |                                                        |                                            |                           |                                |  |  |  |  |  |  |
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|                                                                                                                                   |                                                        |                                            |                           |                                |  |  |  |  |  |  |
| Company:                                                                                                                          | Name of the person                                     | n: Signatu                                 | re: Da                    | te: Time :                     |  |  |  |  |  |  |
|                                                                                                                                   |                                                        |                                            |                           |                                |  |  |  |  |  |  |
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