



شركة قلابوهن موارا سنديرين برحد
SYARIKAT PELABUHAN MUARA SDN. BHD.
MUARA PORT COMPANY SDN. BHD.

**HEALTH, SAFETY, SECURITY AND ENVIRONMENT
 DEPARTMENT**

HOT WORK PERMIT

Vessel's Name:	
Name of Master/SSO:	
Signature/Stamps:	
Date and Time:	
Vessel Agent (In Brunei Darussalam)	

WORK DESCRIPTION:

PERMIT VALIDITY (The permit will be valid for 3 days only. A new permit to be applied if the duration exceeds more than 3 days)			
Permit Start	Date: Time:	Permit Expires	Date: Time:

WORKING CHECK LIST (Tick boxes where applicable)	YES	NO
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1	Working area and adjacent areas free from combustible material.		
2	Working area free from thermally sensitive equipment and adequately ventilated.		
3	Fire detection loops No: disconnected.		
4	Fire precautions and adequate Fire Fighting equipment provided during the work.		
5	Fire watch maintained for the next hours after work completed.		
6	Adequate illumination and safe access provided.		
7	Electric arc welding-cables, connections and electrode holder verified in good condition.		
8	Oxygen/Acetylene equipment-regulators, gauges, hoses and connections verified in good condition.		
9	Flashback arrestors in place.		
10	LOTO-Any energy isolation required? If YES, has LOTO management applied?		

SOURCES OF IGNITION *(Tick boxes where applicable)*

	Flame Cutting, Welding		Welding Torch Igniters		Chipping Sparks
	Grit Blasting		Explosives		Others <i>(Please specify)</i> :

ISOLATION *(Tick boxes where applicable)*

	Instrument power supply		Mechanical power supply		Electrical isolation
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SPECIAL *(Tick boxes where applicable)*

	Fire watcher must be in attendance at all times		Trips and alarms to be overridden
	Gas, flame, and Smoke Detectors to be smoked or isolated		Combustible materials removed or protected
	Hazardous drains or vents in vicinity to be isolated		Instruments, sensors and light fittings must be protected
	Artificial ventilation must be provided at the worksite		Isolation of electrical/instrument & mech power supply
Others <i>(Please specify)</i> :			

PROTECTIVE EQUIPMENT <i>(Tick boxes where applicable)</i>							
	Ear muffs/Ear plugs		Goggles/Face Visor		Hood/Helmet		Gloves/Gauntlets
	Boots/Chemicals gloves		Safety net		Fire blankets		Work vest/Life jacket
	Safety warning signs		Dust/Gas Respirator		Self-Contained BA		Wet tarpaulin
	Safety harness and lanyard		Foam Ext		Dry powder EXT		CO2 Ext

APPROVED BY		MARK:
Sign:	Date:	
Name:		
Position:		
Remark (if any):		

Note: Standard operating procedure must be compiled during HOT WORK operation. The H.S.S.E Department will not hesitate to take strict penalty, if the above conditions are not followed.