

PERMIT NO: MPC/HSSE/00 /20



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

## HEALTH, SAFETY, SECURITY AND ENVIRONMENT DEPARTMENT

### HOT WORK PERMIT

Company/Vessel's Name:	
Applicant's/Master's Name:	
Signature/Stamps:	
Date and Time:	
Shipping Agent (In Brunei Darussalam)	

**WORK DESCRIPTION:**

**PERMIT VALIDITY (The permit will be valid for 1 day only. A new permit to be applied if the duration exceeds more than 1 day)**

<b>PERMIT STARTS</b>	Date: Time:	<b>PERMIT EXPIRES</b>	Date: Time:
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<b>WORKING CHECK LIST (Tick boxes where applicable)</b>		<b>YES</b>	<b>NO</b>
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 arrestor in place.		
10	LOTO- Any energy isolation required? If YES, has LOTO management applied?		

<b>SOURCES OF IGNITION</b> <i>(Tick boxes where applicable)</i>					
<input type="checkbox"/>	Flame Cutting, Welding	<input type="checkbox"/>	Welding Torch Igniters	<input type="checkbox"/>	Chipping Sparks
<input type="checkbox"/>	Grit Blasting	<input type="checkbox"/>	Explosives	<input type="checkbox"/>	Others <i>(Please specify)</i> :

<b>ISOLATION</b> <i>(Tick boxes where applicable)</i>					
<input type="checkbox"/>	Instrument power supply	<input type="checkbox"/>	Mechanical power supply	<input type="checkbox"/>	Electrical isolation

<b>SPECIAL</b> <i>(Tick boxes where applicable)</i>					
<input type="checkbox"/>	Fire watcher must be in attendance at all times	<input type="checkbox"/>		<input type="checkbox"/>	Trips and alarms to be overridden
<input type="checkbox"/>	Gas, flame, and Smoke Detectors to be smoked or isolated	<input type="checkbox"/>		<input type="checkbox"/>	Combustible materials removed or protected
<input type="checkbox"/>	Hazardous drains or vents in vicinity to be isolated	<input type="checkbox"/>		<input type="checkbox"/>	Instruments, sensors and light fittings must be protected
<input type="checkbox"/>	Artificial ventilation must be provided at the work site	<input type="checkbox"/>		<input type="checkbox"/>	Isolation of electrical/instrument & mechanical power supply
<i>Others (Please specify):</i>					

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

<b>APPROVED BY</b>		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.**