



شریکة قلا بوهن موارة سندیرين بحد
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)

| | | | |
|---------------|----------------|----------------|----------------|
| PERMIT STARTS | Date: Time: | PERMIT EXPIRES | Date: Time: |
|---------------|----------------|----------------|----------------|

| WORKING CHECK LIST (Tick boxes where applicable) | | YES | NO |
|--|--|-----|----|
| 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? | | |

SOURCES OF IGNITION (Tick boxes where applicable)

| | | | | | |
|--|------------------------|--|------------------------|--|--------------------------|
| | Flame Cutting, Welding | | Welding Torch Igniters | | Chipping Sparks |
| | Grit Blasting | | Explosives | | Others (Please specify): |

ISOLATION (Tick boxes where applicable)

| | | |
|-------------------------|-------------------------|----------------------|
| Instrument power supply | Mechanical power supply | Electrical isolation |
|-------------------------|-------------------------|----------------------|

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 work site | | Isolation of electrical/instrument & mechanical power supply |

Others (Please specify):

PROTECTIVE EQUIPMENT (Tick boxes where applicable)

| | | | |
|----------------------------|---------------------|-------------------|-----------------------|
| 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

| | |
|------------------|-------|
| Sign: | Date: |
| Name: | |
| Position: | |
| Remark (if any): | |

MARK:

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.