
 A member of  MMC Group SUPPORTING DOCUMENT	Doc No	COR-HSE-HSE-P314
	Revision	1.1
	Effective Date	01-12-19
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Title	Permit to Work
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Permit to Work No.: SATS/HSE/PTW/ _____ (To be fill in by HSE Department)

PART 1: WORK INFORMATION

Project owner:	Department / Team / Tenant / Agency		Work location		
	Name		Contractor Supervisor	Name	
	No. Tel.:			No. Tel.:	

Contractor's Company Name		Contractor's Address	
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Type of Work	<input type="checkbox"/> Working at height	<input type="checkbox"/> Lifting work	<input type="checkbox"/> Confine space	<input type="checkbox"/> Hot work
	<input type="checkbox"/> Working on roof	<input type="checkbox"/> Work alone	<input type="checkbox"/> Work at sensitive area	<input type="checkbox"/> Cold work

Work Method Statement (Explain method/equipment use to do the work):	
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PART 2: REQUIREMENTS – Review and can be amended by HSE Personnel

Work requirement:	<input type="checkbox"/> Electrical lockout/tagout	<input type="checkbox"/> Mechanical lockout/tagout	<input type="checkbox"/> Confined space entry
	<input type="checkbox"/> Fall arrest	<input type="checkbox"/> Barricade /Hoarding	<input type="checkbox"/> Other

Protective Equipment:	<input type="checkbox"/> Hand glove Type:	<input type="checkbox"/> Safety helmet Type:	<input type="checkbox"/> Goggle Type:	<input type="checkbox"/> Face shield Type:
	<input type="checkbox"/> Body harness Type:	<input type="checkbox"/> Safety shoes Type:	<input type="checkbox"/> Mask / Respirator Type:	<input type="checkbox"/> Hi-visibility vest Type:
	<input type="checkbox"/> Ear Protection Muff / Plug	<input type="checkbox"/> Safety Net Type:	<input type="checkbox"/> Rain suit Type:	<input type="checkbox"/> Safety cloth Type:
	<input type="checkbox"/> Welding apron / suit Type:	<input type="checkbox"/> Rubber mat Type:	<input type="checkbox"/> Lightning detector Type:	<input type="checkbox"/> Other:

Competency requirement:	<input type="checkbox"/> Competent welder	<input type="checkbox"/> Charge-man	<input type="checkbox"/> Crane operator
	<input type="checkbox"/> Forklift operator	<input type="checkbox"/> Authorized gas tester	<input type="checkbox"/> Fire watch
	<input type="checkbox"/> Excavator	<input type="checkbox"/> Metal cutter/scrubber	<input type="checkbox"/> Air Tower Controller
	<input type="checkbox"/> Signal man	<input type="checkbox"/> Scaffolding erector	<input type="checkbox"/> Other:

Isolation	<input type="checkbox"/> Domestic Water	<input type="checkbox"/> Electrical	<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Road/ pathway
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Additional requirements / remarks	Chemical/oil declaration			
	Chemical Name	Vol.	Chemical Name	Vol.

PART 3: PERMIT ATTACHEMENT	
<input type="checkbox"/> Site evacuation plan <input type="checkbox"/> Safety Briefing Acknowledgement <input type="checkbox"/> Incident reporting form <input type="checkbox"/> SATSSB PPE matrix <input type="checkbox"/> Excavation safety guideline	<input type="checkbox"/> Hot work permit <input type="checkbox"/> Construction safety guideline <input type="checkbox"/> Working at height guideline <input type="checkbox"/> Lifting work safety guideline

PART 4: DECLARATION	
Contractor Project Supervisor	Signature
I hereby confirm that all measures as specified above, in PART 5 and all instruction stated in this work permit will be followed. Intolerable risk subjected to any violation of this permit's requirement may cause work process being stopped.	
	Name
	Position

PART 5: PERMIT EXPIRY													
From	Date Time <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td></tr> <tr><td>h</td><td>h</td><td>m</td><td>m</td><td></td><td></td></tr> </table>	d	d	m	m	y	y	h	h	m	m		
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h	h	m	m										
Until	Date Time <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td></tr> <tr><td>h</td><td>h</td><td>m</td><td>m</td><td></td><td></td></tr> </table>	d	d	m	m	y	y	h	h	m	m		
d	d	m	m	y	y								
h	h	m	m										

PART 6: PERMIT APPROVAL					
Project Owner		Immediate Supervisor/HOD		Health Safety & Environment	
signature/remarks		signature/remarks		This permit is: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
				signature/remarks	
Name		Name		Name	
Position		Position		Position	
Date		Date		Date	

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PART 7: PROJECT ASSESSMENT – Completed by Supervisors

Part 7.1: Risk Assessment

<input type="checkbox"/> Fire	<input type="checkbox"/> Explosion	<input type="checkbox"/> Lifting injury	<input type="checkbox"/> Vehicle accident
<input type="checkbox"/> Eye injury	<input type="checkbox"/> Electrocutation	<input type="checkbox"/> Collapse/topples	<input type="checkbox"/> Slip/Trip/Fall
<input type="checkbox"/> Burn/Corrosive	<input type="checkbox"/> Noise/Jet blast	<input type="checkbox"/> Mechanical accident	<input type="checkbox"/> Lightning strike
<input type="checkbox"/> Physical demand	<input type="checkbox"/> Radiation	<input type="checkbox"/> Stored/potential energy	<input type="checkbox"/> Suspended load
<input type="checkbox"/> Vibration	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Others:

Part 7.2: Equipment Safety

<input type="checkbox"/> Welding machine	<input type="checkbox"/> Cutting machine	<input type="checkbox"/> Lifting machine with checklist	<input type="checkbox"/> Forklift with safety checklist
<input type="checkbox"/> Safe condition of ladder and scaffold	<input type="checkbox"/> Pressurize vessel with safety checklist	<input type="checkbox"/> Approved gas cylinder	<input type="checkbox"/> Safe/approved air compressor
		<input type="checkbox"/> Approved power tool	<input type="checkbox"/> Others:

Part 7.3: Safety Measures

<input type="checkbox"/> Stop operation	<input type="checkbox"/> Barricade/Cordon-off	<input type="checkbox"/> Mechanical isolation	<input type="checkbox"/> Electrical isolation
<input type="checkbox"/> Lockout/tagout	<input type="checkbox"/> Warning sign	<input type="checkbox"/> Disable alarm	<input type="checkbox"/> Sprinkler isolation
<input type="checkbox"/> De-pressurize	<input type="checkbox"/> Flammable material removal	<input type="checkbox"/> Cover flammable material	<input type="checkbox"/> Temporary emergency route
<input type="checkbox"/> Guarded floor opening	<input type="checkbox"/> Hazardous material concentration test	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Topple prevention
<input type="checkbox"/> Extra ventilation			

Working at airside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do work being informed to airport operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Part 7.4: Environmental Protection

Environmental Aspect	Mitigation measures
<input type="checkbox"/> Air/fume/smoke emission	
<input type="checkbox"/> Waste water discharge	
<input type="checkbox"/> Noise emission	
<input type="checkbox"/> Radiation / radioactive	
<input type="checkbox"/> Dust, particulate matters	
<input type="checkbox"/> Sedimentation, silt , mud	
<input type="checkbox"/> Construction waste	

Detail of employee(s) involve	Name	MyKad / Passport	Signature

PART 8: PROJECT COMPLETION – Upon completion of work

Contractor		Project Owner	
I hereby confirm that the work done is completed and shall be return to SATSSB management for normal operation.		I hereby confirm that the work done is completed and the work area shall be taken back to resume the operation.	
Signature/Remarks		Signature/Remarks	
Name		Name	
Position		Position	