

Dry Dock Hull Cleaning Permit to Work

Permit Details

Vessel Name:

Date:

Permit Number:

Location/Dock No.:

Details of Work

Work Description:

Start Time:

End Time:

Area/Section:

Personnel Involved

Name	Designation	Company

Safety Precautions

Item	Checked by Supervisor
Personal Protective Equipment (PPE) provided & used	<input type="checkbox"/>
Area cordoned / safe access provided	<input type="checkbox"/>
Equipment inspected / fit for use	<input type="checkbox"/>
Ventilation sufficient	<input type="checkbox"/>
Fire and environmental hazards controlled	<input type="checkbox"/>

Authorization

Supervisor Name:

Signature:

Date & Time:

Permit Closed By

Name:

Signature:

Date & Time: