



A Member of MMC Group

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Revision No.	005
Effective Date	25 Jun 2020
Page	1 of 2

SUPPORTING DOCUMENT**TITLE: JOB PERMIT FORM****PART A : JOB PERMIT**REFERENCE NUMBER:

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1) JOBS TITLE		High Risk Jobs a) Working at height <input type="checkbox"/> b) Confined space <input type="checkbox"/> c) Hot work <input type="checkbox"/> d) DG handling <input type="checkbox"/> e) Lifting activities <input type="checkbox"/> f) Lashing <input type="checkbox"/> g) Electrical <input type="checkbox"/> h) Excavation > 1.5m <input type="checkbox"/> i) Desludging /bunkering <input type="checkbox"/> j) Civil works <input type="checkbox"/> k) Activities at high traffic area <input type="checkbox"/> l) Others (specify): <input type="checkbox"/> <i>(Requires Permit To Work)</i>
2) COMMENCEMENT OF JOBS	DATE: / / , TIME: HRS	
3) ESTIMATED COMPLETION	DATE: / / , TIME: HRS	
4) LOCATION		
5) JOBS SCOPE DETAIL		
6) PTP PERSON IN-CHARGE / ID NO / CONTACT NO		

PART B : STATEMENT OF UNDERTAKING

6) PERMIT APPLICANT NAME & NRIC		NRIC:
7) DATE & TIME OF APPLICATION	DATE: / / , TIME: HRS	Checklist : 1. Safety briefing () 2. Wear appropriate PPE () 3. Barricade work area () 4. Emergency procedure () 5. First aid kit () 6. Safety signage () 7. Lock out / Tag out (LOTO) () 8. Publish job permit / PTW () 9. PMA/PMT attached () 10. Competency certificate () 11. HSE Plan submitted () Do's & Don'ts for driver 1. Wear seat belt () 2. Keep headlights on () 3. Place beacon light () 4. Obey speed limit / signboard () 5. Avoid using hand phone () 6. Parking at designated area () 7. Follow the traffic flow () 8. Give way to RTG in yard ()
8) CONTACT NUMBER & E-MAIL		
9) DECLARATION		
On behalf of (company name) _____ I declared that I fully understand all the safety requirements and instructions given by PTP. I hereby take full responsibility for the safety and well being of all person that might be directly or indirectly affected / involved by and in this project (project title) _____ I shall, while undertaking and executing the project, at all time ensuring full compliance to all safety, health and environment rules, verbal or written instructions, apart from given contractually, given by PTP officer from time to time without prior notice, I shall ensure that at no time, any activity, action and event with relation to our project or employees in the project shall not disrupt or cause delay to the port operations. _____		
PERMIT APPLICANT SIGNATURE & COMPANY STAMP		

10) TEAM MEMBERS	NAME	NRIC / PASSPORT	MAN HRS	CONTACT NUM
SITE MANAGER				
SAFETY IN CHARGE				
WORKER 1				
WORKER 2				<i>Provide attachment if total of workers are more</i>
WORKER 3				
WORKER 4				
WORKER 5				

11) VALIDITY (filled by issuing officer) This permit is issued to _____ from / / , hrs to / / , hrs subject to the compliance agreed upon by the applicant stated in the Statement of Undertaking by the contractor. Maximum validation for 1 month for contractor that have submitted the HSE Plan. For enquiries kindly refer to PTP HSE Department office at +607-5042222 ext 5514 / 1124	12) ISSUING OFFICER NAME : _____ DESIGNATION : _____ DATE & TIME : _____ SIGNATURE : _____ & STAMP Emergency Contact Number : +607 - 504 2203 HSE Officer On Duty : +6019 - 777 6841 (ext 6154)
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SUPPORTING DOCUMENT
TITLE: JOB PERMIT FORM

PART C : JOB SAFETY ANALYSIS (JSA)

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JOBS TITLE			
SEQUENCE OF JOB STEPS	HAZARDS	RISK LEVEL (HIGH / MED / LOW) <i>(Refer to Risk Matrix)</i>	CONTROL MEASURE <i>(Refer to Hierarchy of Control)</i>

PREPARED BY (Permit Requester)		APPROVED BY (Area Owner)	
NAME :		NAME :	
DESIGNATION :		DESIGNATION :	
DATE & TIME :		DATE & TIME :	
SIGNATURE :		SIGNATURE :	

Severity	Consequences/Impact		Likelihood					Risk Rating
	Safety	Environment	1	2	3	4	5	
5	Fatality	Permanent damage (> 10 years)	5	10	15	20	25	
4	Permanent disability	Long term damage (years)	4	8	12	16	20	
3	Lost Time Injury (LTI)	Medium term damage (months)	3	6	9	12	15	
2	Medical treatment	Short term impact (weeks)	2	4	6	8	10	
1	First aid case	Negligible impact (days)	1	2	3	4	5	

