

|  |
| --- |
| Request No. |
|  |

**REQUEST FOR PERMISSION TO CARRY OUT HOT WORK ON BOARD A VESSEL / SHIP OR ON ADJACENT QUAY / BERTH**

SERIAL NO.

HWP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Port:** | **Location:** |

**From**       (person in charge of hot work)

|  |  |  |  |
| --- | --- | --- | --- |
| **Tel No.** | **Mobile No**. | **Fax No.** | **Email:** |

**Date:** Click or tap to enter a date. **Time:**

**Permission is requested to carry out the following Hot Work at:**

(Vessel / Location)

|  |  |  |
| --- | --- | --- |
| **On Date:** Click or tap to enter a date. | **From**       hrs | **To**       hrs |

**Details of proposed Safe Systems of work (eg. Tests for flammable vapours, first-aid, firefighting, etc.)**

|  |
| --- |
|  |

**Details of Dangerous Substances in the vicinity of proposed work:**

|  |
| --- |
|  |

I confirm that this work is managed by me and will be carried out in accordance with all appropriate legislation and codes of practice, in particular the following:-

1. **Bulk Liquid Carriers**

The Guidelines contained in the International Safety Guide for Oil Tankers and Terminals

1. **Dry Cargo Vessels**

Code of Safe Working Practice for Merchant Seamen published by Marine Coastguard Agency

**Chapter 16** – Permit to work Systems

**Chapter 23** – Hot Work

1. **The Ship Building and Ship Repair regulations 1992**
2. **The Management of Health & Safety at Work Regulations 1999**
3. **HSE Information Sheet**

Dock Sheet No. 6 – Hot work at Docks DIS6(rev1) 10/08

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | If Working on Vessel – Has Master’s Written Permission been given? | **Yes** |  | No |  |
|  |  |  |  |  |  |
| 2. | Gas Free Certificate – Do Both you and the Vessel’s Master have one? | **Yes** |  | No |  |

**ABP RESPONSE**

**REQUEST GRANTED**

**REQUEST DENIED**

**Special Conditions:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Print Name:** | **Signature:** | **Position:** |
| **Date:** Click or tap to enter a date. | **Time:** |  |

**COMPLETED FORM TO BE RETURNED TO HARBOUR MASTER / DOCK MASTER.**