

Permit For Work At Height (WAH)

Doc No: JPPL_EHS-19-01-F-01

Revision No: 01

Effective Date: 15 September 2020

WAH Permit Serial No.:			

Secti	on 1 : Application By WAH Superviso	r					
Descrip	tion of Work To Be Carried Out						
	Location of Work						
Locatio	n of Work						
	Vessel :			Lan	۸.		
	(Please specify Vessel Name & exact location of work)					ifv the e	exact location of work)
Start D	Date / Time	End Date / Tim	<u>ie</u>	,		,	,
					1	,	
S/N	Description of WAH Control Measures Implemente	ed		Yes	No	NA	Remarks
1	Safe means of access / egress provided?						
2	Edge protection provided wherever there is falling l	nazards?					
3	Fall prevention equipments used to access/ egress	work platform?					
4	Fall prevention equipments used are adequate and	in good condition	n?				
5	Anchorage / lifeline installed and inspected?						
6	Travel restraint system used to safeguard persons f						
7	7 All person subjected to falling hazards are equipped with Personal Fall Arrest System?						
8	All person subjected to falling hazards are adequately trained to perform work at heights?						Attached Certificates
9	Fall Protection Plan & Risk Assessment conducted a	nd communicate	d?				Attached RA
10	Emergency Response Procedure for WAH activities communicated to workers?	developed and					Attached Procedure
11	Risk Assessment and worker's training certificate plinspection?	aced on site for					
12	WAH Permit displayed on site for the duration of the removed only upon task completion or upon its exp		and				
13	Others (Please specify):						
Sketch	of the falling hazard area (attached separate sheet/p	photo if necessar	·y)				
Remark	<u>s</u>						
	I declare that the information provided is accurate implemented. (attach WAH course certificate for t		measure	es listed	d abov	e have	been effectively
	Name / Designation Signature	Date & Time	- 	ontact	No.		Company Name

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Section 2: Evaluation By WAH Safety Assessor					
Description of Evaluation List	Yes	No	NA	Remarks	
Assessment of Control Measures:					
All reasonably practicable measures have been taken?					
Verification of documents/ interview workers / others?					
Site Survey with Supervisor		1			
All persons on site are protected from falling hazards?					
Surrounding areas do not pose additional hazards?					
Multiple Location / Extended Duration					
Hazards are common at various locations / time period?					
Control measures are applicable and effective?					
I have evaluated the application and is satisfied that all reasonably effectively. (attached WAH course certificate for the role)	practic	able m	easure	es have been taken	
Name / Designation Signature Date & Time		Contac	t No.	Company Name	
Section 3: Approval By WAH Authorized Manager					
Description	Yes	No	NA	Remarks	
Proper Permit-to-work evaluation has been completed?					
No incompatible works that may pose additional hazards?					
Control measures have been implemented effectively?					
Fall from height risks have been effectively mitigated?					
Remarks I authorize the work at heights to the conditions and duration state	d in thi	s perm	it.		
Name / Designation Signature Date & Time		Contac	 t No.	Company Name	
Daily Endorsement –(If task exceed 1 day , Daily Endorsement by A	uthoriz	ed Ma	nger is	• • •	
Day 2 Day 3 Day 4 Day 5		Day 6		Day 7	
Section 4: Task Completion By WAH Supervisor					
The WAH task has been: Completed		Date /1	ime		
Suspended due to permit expiry Terminated due to change in conditions			rk		
I confirm that the work area has been restored to its original condit		d no ha		have been introduced. Company Name	

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Workers List

I, <u>as per name list below</u>, have been briefed on the risk assessment and falling from heights hazards of the work process and fully understands all the control measures mentioned in the risk assessment prior to work commencement and will abide to it. I have been issued with the Personnel Fall Arrest System and have inspected that it is in working conditions prior to use.

S/N	Name	NRIC / Work Permit no.	Designation	Signature
	, hereby confirm tion. I have also briefed and ensured that commencement.	that I have made the necessary all the workers (as per name lis	l inspection before complet above) understand the	l eting the said risk assessment prior
	lame / Designation Signatu	ure Date & Time	Contact No.	Company Name

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Fall Protection Equipment

S/N	Equipment Serial No.	Expiry Date	Condition of Equipment (Good / Bad)	Remark
eclar	, her ation.	eby confirm that I have made	the necessary inspection before comple	eting the said

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