



مملكة البحرين  
Kingdom of Bahrain

وزارة المواصلات  
MINISTRY OF TRANSPORTATION

Directorate of Security and Safety  
Permit to Work



الموانئ والملاحة البحرية  
PORTS AND MARITIME

0016

Permit number \_\_\_\_\_

**PART A: WORK REQUEST**

Location of work (building/room.) \_\_\_\_\_ Contact name and phone number \_\_\_\_\_

Summary of work to be done \_\_\_\_\_

**PART B: SAFETY PROCEDURES: To be implemented prior to commencement of work.**

- The following processes are to be suspended during the course of the work  
\_\_\_\_\_
- The following equipment is to be withdrawn from service during the course of the work  
\_\_\_\_\_
- All users have been made aware of this supervision/withdrawal  Yes  No
- Safety warning notices have been posted where required  Yes  No
- The following steps have been taken to eliminate, control or contain hazards in the area  
\_\_\_\_\_
- The following safety measures are recommended  
\_\_\_\_\_

**APPROVAL**

I confirm that I have inspected the work area detailed above and declare that to the best of my knowledge and belief the work can be carried out safely and without serious risk of injury to health.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**PART C: CONTROL OF RISKS ARISING FROM THE WORK**

- Isolation of services: (please tick as appropriate)  
 water     power     fuel lines     compressed gases     others (specify) \_\_\_\_\_
- Are there safety implications resulting from the isolation?  Yes  No
- Lock-off required?  Yes  No Location \_\_\_\_\_
- Safety signs posted?  Yes  No \* If yes, what safety precautions are required to control the risks?  
\_\_\_\_\_
- Air monitoring required?  Yes  No \_\_\_\_\_
- Are there hazards associated with the work?\*  Yes  No \_\_\_\_\_

**DECLARATION** I understand the precautions to be taken under this permit.

Name (print) \_\_\_\_\_ Company/Department \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Permit validity period From: Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ To: Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

If the work is not completed within this timescale a new permit-to-work must be completed.

**PART D: COMPLETION OF WORK**

I confirm that the work has been completed in accordance with this permit. Services have been restored and the work area is ready for re-occupation.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**PART E: REINSTATEMENT OF WORK AREA**

I confirm that all equipment has been returned to service, safety signs have been removed and the users informed that work may resume in this area.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_