

SLIPWAY/ABRASIVE BLASTING & SPRAY PAINTING PERMIT

Work to be performed: <i>Tick relevant box</i>	Slipway <input type="checkbox"/>	Abrasive Blasting <input type="checkbox"/>	Vessel Slip Booking No.
Details:			

**NO WORK OUTSIDE THIS SCOPE MAY BE PERFORMED UNDER THIS PERMIT
(NOTE SLIPWAY PERMIT MUST BE COMPLETED BY THE SLIPMASTER)**

Expected Work Time	Start Time:	Day:	Date:
	Finish Time:	Day:	Date:

EQUIPMENT / TOOLS – PPE – HAZARDS CHECKLIST

Equipment/Tools	Y	N	PPE	Y	N	Hazard	Y	N	Comment
Ladder			Fall arrest harness 1.8 m			Manual handling			
Signs			Approved PFD			Overhead loads			
Communications			Hearing protection			Electricity			
ELCB (trip test)			Respiratory protection			Working alone			
Fire extinguisher			Sun hat/sunscreen			Environmental			
Approved Planks/scaffold/trails			Eye/face protection			Work over water			
Torch/lights			Gloves			Access			
Generator/leads			High viz clothing/vest			Asbestos			
First aid kit			Specialist clothing			Hazardous			
Approved toolbox			Other			Slip hazard			
Correct fall arrest equipment						Other			
Other									

SECTION 1. SLIPPING VESSELS AND ABRASIVE BLASTING/ SPRAY PAINTING CHECKLIST

	Y	N	N/A		Y	N	N/A
Are there any relevant current SWPs?				Are all relevant Safety Data Sheets Available?			
Has a JSEA been completed? (if there is no current JSEA or SWP in place a new JSEA must be completed)				Are weather conditions appropriate for the work to be completed			

SLIPPING VESSELS

ABRASIVE BLASTING & SPRAY PAINTING

Have tide readings been checked?				Has the area been cordoned off / barricaded and signage placed?			
Has the slip master and winch operator been fully briefed?				Has the area around been checked for potential sources of ignition?			
Are all persons engaged skilled & competent to do the work?				Are paints and thinners safely located at the work site?			
Is communication adequate between slip master and winch man?				Has the grit pot and associated pressure equipment been regularly serviced and inspected?			
Have the necessary precautions been taken to prevent engine start-up or any other actions that may risk the safety of divers?				Is there sufficient separation between spray painting activities and possible ignition sources?			
Does the winch operator know and understand the following; a) Safe operation for winch, up and down? b) Speed controls for winch? c) Hand signals to be used by person slipping vessel?				Is the blasting grit safe and appropriate to the job? Is used blasting grit disposed of in a safe and timely manner? NB Blasting grit must not be recycled.			
Is a crane required? If so, have personnel been organized to operate crane?				Is fire extinguishing equipment in place at the work site?			
Is permit holder familiar with Emergency Response procedures?				Is a dead man's switch fitted to the blasting line?			
Have clean up and waste disposal requirements been identified?				Has the dead man's switch been checked to see that no illegal device has been fitted to lock the switch on?			
Are the boat arms in the correct position? Or; Has the cradle been set as per engineer's plan?				Are the persons carrying out the work trained and competent to do so? I.e. Industrial spray painting			
				Is there adequate ventilation available?			
				Is the correct Personal Protective Equipment on hand? Positive pressure Hood or Respirator Gloves Coveralls Goggles Leggings			
				Will work be carried out in a hazardous area?			

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SECTION 2 - AUTHORISATION

Permit Issuer – I have discussed the work to be performed with the recipient, the hazards identified and the agreed methods of work. I authorise the work specified to proceed, provided the precautions listed on this permit and attached documentation are observed. Note: If the permit issuer leaves the site and work is not complete, full hand over must occur and new permit issuer must countersign permit.	Others Working Under this Permit:	
Name: _____ Signature: _____ Date: _____	Name:	Training / License No.
Permit Valid from (Date/Time): _____ to (Date/Time): _____		
Permit Recipient Directly Managing Work - I have assessed and discussed the work to be performed with the permit issuer and agree to comply with all agreed controls, site safety requirements and with all provisions of this permit, and to explain and enforce those provisions with all persons under my responsibility.		
Recipient Name: _____ Signature: _____		
Date: _____		

SECTION 3 - PERMIT HANDOVER/PERMIT FINALISATION

<input type="checkbox"/> Work not complete, handover completed <input type="checkbox"/> Work complete, proceed to permit closure	Permit Handover: Signed Outgoing Permit Issuer: _____ Dated: _____ Signed Incoming Permit Issuer: _____ Dated: _____
Completion of Works and Permit Closure – RECIPIENT All work has been completed, people and equipment withdrawn from the plant/area, isolations removed and the plant/area is clean and safe for use.	Permit Closure – ISSUER I am satisfied that all work associated with this Permit has been completed in accordance with the Permit Conditions.
Name: _____ Signature: _____ Date: _____ Time: _____	Name: _____ Signed: _____ Date: _____ Time: _____ All Permit/s Closed Out in Permit to Work Log <input type="checkbox"/> All Permit/s filed in Trim when completed <input type="checkbox"/>