

### **Hot Work Application & Permit**

If hot work is to be carried out on board vessels in Seychelles Ports, the Master or his/her representative should complete this application. Complete Sections A, B & C and fax this to the Harbourmaster's office on 4224004 or email <a href="mailto:enquries@seyport.sc">enquries@seyport.sc</a> Notify the on-call maritime officer on 2722448 weekends, holidays & outside office hours if urgent. An approved Hot Work Permit must be in place before commencing work. Please allow at least two hours for a permit to be issued.

Vessel: Berth:		
Section A- Application (To be completed by the Master or His/her representative where appropriate	- Please fill in or tick	
a) Location on board:		
b) Reason for Hot Work:		
c) Type of work: Gas Cutting Electric Welding Ammonia Plant Servicing (Note: All Ammonia related activities must be undertaken at a designated position outside inner harbor limit agreed by the harbor Master's Office)		
c) Equipment to be used: Gas Cutting ☐ Electric Welding ☐		
d) Work to be carried out by: Ship's Crew Shore Provider Person in-charge or company name shore provider:		
e) Equipment to be used checked to be safe & Serviceable:	Yes □ No□	
f) Has the nature of cargo in the vicinity been considered & hot work area made safe:	Yes□ No□	
g) Fixed fire-fighting & additional portable fire-fighting equipment ready in the vicinity:	Yes □ No□	
h) Is the location near tank vents or below decks:	Yes □ No□	
(if yes, please attach a work plan to show that adequate precaution have been taken & hazo	ards located)	
i) Is the hot work location next to an oil tank/hazardous enclosed space:	Yes□ No□	
(if yes, please obtain & attach a Gas Free Certificate from an approved analyst. Also attach a	work plan)	
j) Has it been confirmed that there are no oil or dangerous goods transfers on the vessel or ashore that may pose a		
hazard:	Yes □ No□	
k) Permit requested from (time/date) to (Within validity of the Gas Free Certificate, if applicable)  I) Signature of Master (or representative):		
(The Master or his/her representative acknowledges that the vessel's Safety Management Work Operations have been/will be complied with before, during and after the work)	System procedures for Hot	



# Section B- Details for invoicing (To be completed by the Master of his/her representative- please provide all details)

Company/Agency Name:			
Address:			
Fax Number: Phone Number:			
Email:			
Section C – Berth / Facility Acknowledgement (To be completed by the Owner/Operator of the berth/facility)			
Berth Owner/ Operator:			
Section D – Hot Work Permit Authorization (To be completed & Issued by the Harbourmaster or authorized officer)			
Permit issued from			



#### **CONDITION FOR HOT WORK**

	must agree to adhere to the following precautions by checking each item precautions by checking each item
572 572 572 572	Floors and surrounding area are clear of combustible materials within 35 feet of the work area.  Materials that cannot be moved are protected with noncombustible material or cover.  Floor openings within 40 feet are tightly covered.  A responsible fire watcher has been assigned to watch for dangerous sparks in area, as well as floors above and below and will remain on the job site for 60 minutes after completion of hot work.  Appropriate fire extinguishing equipment is on site.  The sprinkler system, where provided, is in service.  Hot Work shall be done during Day Time only.  There are no flammable liquids, vapors, dusts, lints OR equipment containing such materials in the work area.
Mas	ter/Agent Name and Signature Date:



## **GAS FREE CERTIFICATE**

(Form of Certificate of Test for Atmosphere Sampling)

This certificate should be issued by a qualified Analyst when hot work is intended to be carried out on or next to an oil tank/other hazardous enclosed space. This certificate should then be attached and forwarded with an application for a Hot Work Permit. If enclosed space entry is required, either for sampling or for monitoring during hot work, the vessel's Enclosed Procedure should be strictly followed. (Contact Mr. Alain De Le Tourdie on 2510610)			
Vessel:	Port:	Berth:	
This is to certify that at			
Tank, Hold or Space	Method of Sampling Used	Result of Sampling/Remarks	
•	. •	. 5:	
The atmosphere sampling indicates that the following Tanks, Holds or Spaces:			
Were NOT Gas Free:			
Were Gas Free:			
Additional comments/Endorsements:			



Name of Analyst:	lyst: Signature of Analyst:		
		Email:	
This Gas Free Certificate is Valid till (Time) on (Date)			
(Validity to be no longer than 12 hours from the time of issue)			
The Master of this vessel acknowledges that any Hot Work Permit that is issued on the basis of this Gas Free Certificate stands automatically revoked if any subsequent atmosphere test indicates the presence of a dangerous atmosphere.			
•	•	(Please include rank if not the Master)	



### **Hot Work Site Audit**

Where the proposed hot work involves complex or unusual work, a site audit may be required to inspect the proposed worksite, the preparatory work and the equipment to be used. Planned site audits may also be periodically carried out to ensure compliance with safety requirements. Site audits may be carried out by the Harbourmaster or his Deputy. The Harbourmaster may also authorize other suitably qualified persons to carry out site audits. Any deficiencies and short-comings noted during a site audit should be corrected before a Hot Work Permit is issued

Vessel: Berth: Berth:		
Section A – Audit (To be completed by the Harbourmaster or a person delegated by him)		
a) Location on board:	Yes \( \text{Yes} \) Yes \( \text{Yes} \) Yes \( \text{Yes} \) Yes \( \text{Yes} \)	No
<ul> <li>(If yes, sight a work plan that shows that adequate precautions have been taken &amp; hazards isolat</li> <li>j) Is the Hot Work location next to an oil tank/ hazardous enclosed space:</li> <li>(If yes, sight a Gas Free Certificate from a qualified analyst. Also sight a work plan)</li> <li>k) Has it been confirmed that there are no oil or dangerous goods transfer on the vessel or ashore hazard:</li> <li>l) Audit Satisfactory</li> <li>If no, state to be corrected:</li> </ul>	Yes□	No   pose a  No   No   No
Audit compiled by:		



# Section B- Acknowledgements (To be completed by the vessel's Master (or representative) & owner/operator of the berth/facility)

Signature of Master (or representative) / Agent(Please include rank if authorized ship's officer or name if ago	
Berth Owner/ Operator:	Person Responsible:
Signature:	