

SAFETY BULLETIN

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Permit to Work form Guide

INTRODUCTION

Permit-to-work (PTW) is a part of administrative control that shall be used by the management of Airod Aerospace Sdn Bhd as a platform to control over the vendors/suppliers/subcontractor's potential risks during their tenure in the premise from the day one of work commissioning until the end of the work completion.

PTW issuance to the vendors/suppliers/subcontractor's is only meant for all high-risk tasks that covers these following activities:

- Working at height
- Confined space
- Scaffolding erection and dismantling
- Welding
- Hazardous material handling (i.e; paint stripping/removal & others chemical)
- Hoisting & lifting

Besides meeting the approved vendor list requirement, the resources of the above-mentioned hazardous operations provided by the vendors/suppliers/subcontractor's have to be reviewed prior to performing the task. The PTW covers minimizing the risk of the workers, property damage, as well as minimizing the risk of simultaneous incompatible activities.

Permit to work systems permit the workers at the facility to fully aware of the activities that will be carried out, on-going tasks and its accomplishment.

A permit to work form typically contains these items:

- The work to be carried out, the equipment to be used and personnel involved.
- Precautions to be taken when performing the task.
- Other workgroups to be informed of working being performed in their area.
- Authorization for work to commence.
- Duration that the permit is valid.
- Method to extend the permit for an additional period.
- Witness mechanism that all works that have been completed at the worksite to be restored to a clean and safe condition.
- Actions to be taken in-case of emergency.

Applicability:-

Applicable only for the vendors/suppliers/sub-contractor's performing a high risk activities as stipulated above.

How to fill up Permit to Work form

TYPE OF WORK* : To be ticked (✓), where applicable (Critical/High Risk Tasks): <input type="checkbox"/> Working at height <input type="checkbox"/> Confined space <input type="checkbox"/> Scaffolding <input type="checkbox"/> Welding <input type="checkbox"/> Hazardous material handling <input type="checkbox"/> Hoisting & lifting COMPANY: The name of the Vendor's organization	Name : Name of the Vendor's Supervisor/Superior Tel. No. The Supervisor's/Superior's mobile no.	PERMIT TO WORK CERTIFICATE	Ref No: No. of Assistant: No. of total manpower exclude the Supervisor/superior
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LOCATION OF WORK Which Hangar/Building/Workshop	ISSUED ON VALID UNTIL DURATION:	Date: Date in	Time: Time in
		Date: Date out	Time: Time out
		How many days/How long	

DETAILS OF WORK

NOTE: Every part of section 1 to 7 must be ticked (✓) at ○ and/or elaborate accordingly, if applicable

1	EQUIPMENT TO BE WORKED ON : Which Aircraft/Asset/Equipment	TASK: Specify the job scope
2	EQUIPMENT TO BE USED BY VENDOR	
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Compressed Air
	<input type="checkbox"/> Others	<input type="checkbox"/> Portable Compressor
		<input type="checkbox"/> Test meter
3	DISCIPLINE OF WORK (From the selected TYPE OF WORK*, what is the activity involve in the process)	
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Instrument
	<input type="checkbox"/> Insulate/services	<input type="checkbox"/> Mechanical
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Scaffold
		<input type="checkbox"/> Paint
		<input type="checkbox"/> Others
4	HAZARDS TO BE IDENTIFIED (What are the potential hazards that may happen)	
	<input type="checkbox"/> Pressurized Liquid/Gas	<input type="checkbox"/> Hot Materials
	<input type="checkbox"/> Toxic Material	<input type="checkbox"/> Radioactive Materials
	<input type="checkbox"/> Corrosive Materials	<input type="checkbox"/> Naked Flame/Arcs
	<input type="checkbox"/> Flammable Materials	<input type="checkbox"/> Flying Particles/Sparks
	<input type="checkbox"/> Electricity	<input type="checkbox"/> Machinery
		<input type="checkbox"/> Moving Machinery
		<input type="checkbox"/> Lifting Operations
		<input type="checkbox"/> Weather Conditions
		<input type="checkbox"/> Falling Danger
		<input type="checkbox"/> Access to Workplace
		<input type="checkbox"/> Explosive
		<input type="checkbox"/> Confined Space
		<input type="checkbox"/> Falling from height
		<input type="checkbox"/> Falling objects
		<input type="checkbox"/> Others
5	PRECAUTIONS TO BE TAKEN BY PRODUCTION MANAGER (Preventive action)	
	<input type="checkbox"/> Thorough Ventilation	<input type="checkbox"/> Suitable Access
	<input type="checkbox"/> Consider Adjacent Work	<input type="checkbox"/> Static Earthing (Electrical)
	<input type="checkbox"/> Isolation	<input type="checkbox"/> Free of Flammable Materials
	<input type="checkbox"/> Affected Area Authority Consultation	<input type="checkbox"/> Drain Free of Liquids
		<input type="checkbox"/> Engineering Control (i.e; Fencing, guarding & etc)
		<input type="checkbox"/> Administrative control (i.e; job rotation, work on shift & etc)
		<input type="checkbox"/> Substitution(i.e; material , process & etc)
		<input type="checkbox"/> Others
6	PROTECTIVE CLOTHING AND SAFETY EQUIPMENT (PPE provided by the Vendor to their workers)	
	<input type="checkbox"/> Shoes	<input type="checkbox"/> Face Shield
	<input type="checkbox"/> Gloves	<input type="checkbox"/> Dusk Mask
	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Positive Pressure
	<input type="checkbox"/> Others	<input type="checkbox"/> Breathing Apparatus Set
		<input type="checkbox"/> Radio/Walkie-Talkie
		<input type="checkbox"/> Hearing Protection
		<input type="checkbox"/> Safety Harness
		<input type="checkbox"/> Safety Helmet
		<input type="checkbox"/> Respirator
7	PRECAUTIONS TO BE TAKEN BY PERFORMING AUTHORITY (Clear jobscope with approved procedure. Passengers are prohibited)	
	<input type="checkbox"/> Follow Standard Procedure	<input type="checkbox"/> Personal Isolation (i.e; Fuel tank entry, manhole entry & etc)
	Specify Procedure:
	<input type="checkbox"/> Others
8	SUPPLEMENTARY DOCUMENTS/CERTIFICATES DETAILS (if any) ; i.e; PMA/PMT/License/Authority ID & etc (Regulatory compliance)	

ISSUANCE OF ACCEPTANCE (Compulsory)

I have inspected the equipment/area and declare that the work specified on this permit can now be performed safely.

Program Manager: Person of Contact (POC)	Signed: POC's signature	Date & Time: Date & time signed upon issuing the PTW.
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COMPLETION/CANCELLATION/SUSPENSION (Compulsory)

I have read and understood the conditions and precautions specified and accept responsibility for carrying out the work with this permit. I will display this PTW at the workplace during work activities performed. A penalty of max RM 500.00 for a non-compliance or an amount of damaged shall be charged/imposed accordingly.

Performing Authority: Vendor's Supervisor/Superior	Signed: Supervisor's/Superior's signature	Date/Time: Date & time signed upon receiving the PTW.
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COMPLETION/CANCELLATION/SUSPENSION (Compulsory)

I declare that the work specified on this permit has been correctly performed. All personnel have been withdrawn. The equipment, plant and electrical apparatus affected by the work have been left in a safe condition/are also withdrawn.



Performing Authority: Vendor's Supervisor/Superior	Signed: Supervisor's/Superior's signature	Date/Time: Date & time signed upon work completion.
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<input type="checkbox"/> The work is COMPLETE. Normal operations may resume subject to removal of isolations.	<input type="checkbox"/> The work involved is INCOMPLETE. State the reason why and when will be the revised estimated completion date (ECD)
Program Manager : Person of Contact (POC)	Date/Time: Date & time signed upon verifying the PTW.

Remarks;
CONTROL AND TO BE REVIEWED BY S.H.E PERSONNEL DURING SURVEILLANCE AUDIT (PROGRAM MANAGER HAS TO COMPILE THE ORIGINAL COPY IN OPERATIONAL FILE)

How to fill up Permit to Work form

Column	Fill in by :	Action
Ref No.	SMS Officer	Insert control reference number after submission of the form based on PTW form raised and kept in SMS Office records
A	Sub-Contractor / vendor supervisor	Tick (/) where applicable for the type of critical task, Insert Company name, Name of vendor's supervisor, Supervisor's phone number and no of assistant (total no. of staff in conducting the work excluding supervisor)
B		Insert the location of work, issuance date and validity period date and duration of the work
C (1)		Insert the equipment to be worked on and elaborate the task to be carried out
C (2)		Tick (/) where applicable for the equipment to be used, if others please specify by inserting in the space provided
C (3)	Person of contact (Project Manager / Aircraft Foreman / Supervisor)	Tick (/) where applicable for the discipline of work to be conducted, if others please specify by inserting in the space provided
C (4)		Tick (/) where applicable for the Hazard to be identified, if others please specify by inserting in the space provided
C (5)		Tick (/) where applicable for the precaution to be taken by person in charge, if others please specify by inserting in the space provided
C (6)		Tick (/) where applicable for the protective clothing and safety equipment, if others please specify by inserting in the space provided
C (7)	Sub-Contractor / vendor supervisor	Tick (/) where applicable for the precaution to be taken by sub-contractor, if others please specify by inserting in the space provided
C (8)	Person of contact (Project Manager / Aircraft Foreman / Supervisor)	Attached Supplementary document/certificates detail (i.e PMA/PMT & etc)
D		Insert person in charge Name, Signature and Date/Time
E	Sub-Contractor / vendor supervisor	Insert Sub-contractor Name, Signature and Date/Time
F	Sub-Contractor / vendor supervisor	Insert Sub-contractor Name, Signature and Date/Time after Completion of the task
G	Person of contact (Project Manager / Aircraft Foreman / Supervisor)	Insert Person in Charge Name, Signature and Date/Time after Completion of the task. Please tick (/) whether the task either complete/incomplete.

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