



Key Procedures /Checklist

Place at: Key Wallet / Ship's Office

57. A WORKING OVERSIDE

DK/ER S.N. ___ of ___ (year)

MV: _____		Port: _____	
No work to be carried out over side while the vessel is underway & No one to be forced to work over side			
Location/Description of Job:			
This permit is valid from Date: Time: to Date: Time:			
Risk Assessment No : ___ / ___ (year)			
Permission has been received from port authority, if necessary. Issued by Officer in charge:			
1	Have all persons been briefed on the requirements of the work?	<input type="checkbox"/>	
2	Are all persons competent to carry out the work?	<input type="checkbox"/>	
3	Has all life support equipment to be used, bosun's chair, stages, gantlines, safety harnesses, lifelines, etc. been carefully examined & checked and are in good condition ?	<input type="checkbox"/>	
4	Has the method (communications) of lowering & securing tools, working equipment and materials been agreed and the ropes, containers, etc. been carefully examined and in good condition?	<input type="checkbox"/>	
5	If work is being carried out, near engine room overboard discharges, has the Duty Engineer been notified & has he shut down, or diverted the discharge, posted notice in the ECR and tagged the pumps/valves, etc.	<input type="checkbox"/>	
6	Permission from Port Authorities if required sought?	<input type="checkbox"/>	
7	If painting or other preparation is to be done, have all necessary precautions been taken to prevent pollution?	<input type="checkbox"/>	
8	Have all persons to work over side/ aloft been checked for wearing safety harness and safety belt before going over?	<input type="checkbox"/>	
9	Have all person to work over side been checked for wearing flotation work jackets etc.?	<input type="checkbox"/>	
10	Lifebuoys with Self Lighting Lights line is handy and ready for use.	<input type="checkbox"/>	
11	If by Boat/Raft are crew donning Lifejackets and tending of lines?	<input type="checkbox"/>	
12	Supervisor appointed, to remain in attendance throughout time and ensure that safety harness lines are made fast by persons over side.	<input type="checkbox"/>	
13	If working at stem are anchors secured/tagged?	<input type="checkbox"/>	
14	If working at Stem/Propeller-Inform: 1.A/Engineer 2.Duty Engineer.	<input type="checkbox"/>	
15	Supervisor to inform OOW when work is completed. Warning notices to have been withdrawn. Tags removed, power supplies re-connected, etc.	<input type="checkbox"/>	
Person(s) Working Overside Name:		Signature:	
Name:		Signature: >.....	
Officer in Charge:Date:Time:			
Master: Date: Time:			
THE WORK HAS BEEN COMPLETED AND THIS PERMIT IS WITH DRAWN.			
Officer in Charge:Date:Time:			
NOTE: Permit to be issued to Bosun and returned by him to Officer in Charge for cancellation, on completion of the job.			
NO WORK TO BE CARRIED OUT WITHOUT THE PRIOR AUTHORIZATION OF THE MASTER.			



Key Procedures /Checklist
 Place at: Key Wallet / Ship's Office

57. B WORKING ALOFT
 DK/ER S.N. ____ of ____ (year)

Anyone working and not standing at deck level is working at height. Also undertaking work inside a tank, near an opening, such as a hatch, or on a fixed stairway may be regarded as working at height if there is a danger of injury if the worker fell. Work should only be carried out at height if there is no reasonably practicable alternative to doing so. Where a reasonably practicable alternative does exist it should be adopted. Personnel working at a height may not be able to give their full attention to the job and at the same time guard themselves against falling. Proper precautions should therefore always be taken to ensure personal safety when work has to be done aloft.

MV:		Port:
Location/Description of Job:		
This permit is valid from Date:Time:to Date:Time:		
Risk Assessment No : ____ / ____ (year)		
No one should be forced to work aloft		
1	Have all persons been briefed on the requirements of the work?	<input type="checkbox"/>
2	Are all persons competent to carry out the work?	<input type="checkbox"/>
3	Has all life support equipment to be used, bosun's chair, stages, gantlines, safety harnesses, lifelines, etc. been carefully examined & checked and are in good condition?	<input type="checkbox"/>
4	Has the method (communications) of lowering & securing tools, working equipment and materials been agreed and the ropes, containers, etc. been carefully examined and in good condition?	<input type="checkbox"/>
5	Have all persons to work aloft been checked for wearing safety harness and safety belt before going over?	<input type="checkbox"/>
6	Adequate non-skid shoes worn?	<input type="checkbox"/>
7	Are there adequate Securing Points at the Work Position?	<input type="checkbox"/>
8	Has the Officer On Watch and/or Duty engineer been informed of The work taking place?	<input type="checkbox"/>
9	Supervisor appointed, to remain in attendance throughout time and ensure that safety harness lines are made fast by persons working aloft.	<input type="checkbox"/>
10	If work carried on funnel, duty engineer to be informed.	<input type="checkbox"/>
11	If work is in the vicinity of, or involves Radio Antennae/ Ship's whistle, Aerials and Radar Scanners to be tagged and isolated. Ship's Whistle power shut off and tagged.	<input type="checkbox"/>
12	Supervisor to inform OOW when work is completed. Warning notices to have been withdrawn. Tags removed, power supplies re-connected, etc	<input type="checkbox"/>
Person(s) Working Aloft Name:		Signature:
Name:		Signature:
Officer in Charge:Date:Time:		
Master: Date: Time:		
THE WORK HAS BEEN COMPLETED AND THIS PERMIT IS WITH DRAWN.		
Officer in Charge:Date:Time:		
NOTE: Permit to be issued to the person in charge and returned by him to Officer in Charge for cancellation, or completion of the job.		
NO WORK TO BE CARRIED OUT WITHOUT THE PRIOR AUTHORIZATION OF THE MASTER.		