

18.2 WORK PERMIT

MAIN TASKS

CLIENT:

Company:

Contact:

Phone:

Location for work:

Permit for specified contractor to apply for the period between:

Date:

Work ends:

Date:

ENTREPRENEUR:

Company:

Contact person / Coordinator responsible:

Phone:

Type of work:

Time:

Time:

SIGNATURE:

Signature State donor (for the plant owner):

Signature entrepreneur (Coordinator responsible):

WORKING CONDITION, HHABs, Client's working conditions

The establishment shall be blocked

All Required protective equipment for the work must be available

All in the work area of the bar pipelines are blinded

Wells covered in the work area

Electricity extraction (safe stop followed, lock out - tag out)

The work place shall be cleaned up after work

All concerned possess the necessary knowledge of work in gas-classified areas

Evacuation plans and procedures must be well known at any Evacuation

Lonely work is not allowed

Immediate notification of incidents to HHAB

Hot work permit needed

Risks, other INFORMATION, protective equipment to be used in the workplace where applicable

Work finish, (date should always be set according to YY-MM-DD)

In the Joint inspection of the workplace, the parties can certify that the work is completed and the work place is well cleaned, free from combustible materials and equipment that may cause fire or accident

Place and date:

Place and date:

Signature State donor (for plant owner):

Signature entrepreneur (Coordinator responsible):

Name Clarification

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