18.2 WORK PERMIT



MAIN TASKS	
CLIENT:	ENTREPRENEUR:
Company:	Company:
Contact:	Contact person / Coordinator responsible:
Phone:	Phone:
Location for work:	Type of work:
Permit for specified contractor to apply for the period between:	
Date:	Time:
Work ends:	
Date:	Time:
SIGNATURE:	
Signature State donor (for the plant owner):	Signature entrepreneur (Coordinator responsible):

HHAB WORK TERMS AND CONTROL BEFORE WORK START

Contractor has read and understodd HHAB bylaws, safety regulations and has signed general contractor insurance				
Contractor has carried out a risk assessment	Evacuation plans and procedures are known	Ground works permit is necessary		
HHAB internal risk assessment shall be carried out st	Hot Work permit is necessary	Diving permit is necessary		
HHAB Supervisor (or eq.) has been informeds	Storm drains within the work area shall be covered	Work place shall be blocked		
Pipelines within the work area shall be blinded	Incidents shall immediately be reported to HHAB	Alone work is not allowed		
Disconnection of power supply (lock out – tag out)	Mains (power, water, fiber, etc) marking out is necessary			
All concerned possess the necessary knowledge of work	All necessary personell protection equipment (PPE) is available			
in EX-classified areas	Work site hall be restored/cleaned after completion			

*Contractors risk assessment shall take HHAB operations/personell into consideration. Works with potentially great impact on HHAB operations/personnel, HHAB also carry out an risk assessment. Contractors risk assessment is basis, contractor is recommended to participate.

Other risks and information

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:	
Signature State donor (for plant owner):	
Name Clarification:	

Place and date:

Signature entrepreneur (Coordinator responsible):

Name Clarification:

Helsingborgs Hamn – Port of Helsingborg

Postal address Helsingborgs Hamn AB 251 89 Helsingborg SWEDEN Harbour Office Oceangatan 3 Org No 5560240979 VAT No SE5560240979

Telephone +46 (0)42 10 63 00 Telefax +46 (0)42 12 43 74 Email info@port.helsingborg.se Internet www.port.helsingborg.se