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| Vessel Name: | Click here to enter text. | | |
| Port: | Click here to enter text. | Berth: | Click here to enter text. |

The vessel is permitted to have welding / burning / fire on board for the purpose of ship repairs subject to the approval of this form, and also to the provisions of the Forth Ports Limited Orders and Byelaws / Port of Dundee Byelaws.

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| --- | --- |
| Start (date and time) --- Finish (date and time): | Click here to enter text. |
| Location on board: | Click here to enter text. |
| Confirm suitable precautions have been taken to prevent fire? | Click here to enter text. |
| Is there safe access to the vessel? | Click here to enter text. |
| Is the international ship/shore connection ready for immediate use? | Click here to enter text. |
| Is a copy of the vessel’s deck plan available at the gangway? | Click here to enter text. |
| If burning or welding in any way of fuel oil tanks, cargo tanks and any other oil tank or in the way of air pipes, sounding pipes and any common bulkhead or floor leading to an oil tank, is the tank gas free, or rendered inert? | Click here to enter text. |
| If vessel is a tanker, has a gas free certificate issued by a qualified chemist? | Click here to enter text. |
| Confirm that an adequate number (at least two) of suitable fire extinguishers be available at all times throughout the operation? | Click here to enter text. |
| Confirm if burning or welding on the outer superstructure where the carriage of sparks could endanger adjacent premises will be ceased if wind increases above 20 knots? | Click here to enter text. |
| Confirm that at all times during the period of validity of the permit, the area to which the permit applies is to be in a safe condition and that regular safety checks will be carried out? | Click here to enter text. |
| Confirm that a fire inspection of areas under repair will be made one hour after cessation of workday? | Click here to enter text. |
| Name and rank of responsible officer: | Click here to enter text. |
| Signed by Master: | Click here to enter text. |

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| *For office use only* | Permit Commences: | Click here to enter text. | Permit Expires: | Click here to enter text. |
| Authorised Person: | Click here to enter text. | Date: | DD MM YYYY |

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| PERMIT TO BE COMPLETED AND SUBMITTED VIA EMAIL TO [FTNS@FORTHPORTS.CO.UK](mailto:FTNS@FORTHPORTS.CO.UK) OR [CONSOLE@FORTHPORTS.CO.UK](mailto:CONSOLE@FORTHPORTS.CO.UK) (LEITH). APPROVAL REQUIRED PRIORTO WORK STARTING |
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| **IN THE EVENT OF FIRE, IN ORDER TO ALERT THE FIRE SERVICES DIAL 999 ON ANY PUBLIC TELEPHONE AND CALL 01324 498 854 OR 0131 555 8900 (LEITH)** |