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| logo |  **Sriram Institute of Marine Studies** Approved by the **DG Shipping, Ministry of Shipping, Govt. of India.** Affiliated to **Indian Maritime University Chennai, Certified ISO 9001:2015 By Indian Register of Shipping {IRS} MTI Unique id : 101005** |

 **Work Permit to carry out training/operation Rigging of Pilot ladder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor’s name/Trainer’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Timing From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre operation checks**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SNo.** | **Description of checks conducted** | **In Order** | **Deficient** | **Corrected, if deficient** | **Remarks** |
| **{1}** | **Students are wearing PPEs and checked for correct wearing.** |  |  |  |  |
| **{2}** | **Visual inspection of ropes, lines and safety harness carried out by Instructor. Life Buoy with buoyant rope must be kept stand by.** |  |  |  |  |
| **{3}** | **Check that the steps of pilot ladder and ropes are clean free from oil and grease and, the wooden and rubber steps are not rotten.** |  |  |  |  |
| **{4}** | **Manropes, Tripping line, life line and winnets etc. checked.**  |  |  |  |  |
| **{5}** |  **All equipment for work checked and in order.** |  |  |  |  |
| **{6}** | **Risk assessment done & student briefed by the trainer.** |  |  |  |  |
| **{7}** | **Area is cleared of all foreign material.** |  |  |  |  |

 **Verified by instructor and forwarded to course /dept. officer for approval : Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature with date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**I/we are satisfied with the above status of /report and recommend /approve to carry out the work/training :**

**Course coordinator/ Departmental officer and Submitted to HOI for information**

 **Name and signature with date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­**