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| Description: 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 carryout training/operation Mast climbing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 carried out by Instructor. Foam mattress placed underfoot of mast** |  |  |  |  |
| **{3}** | **Giant line, life line and chair bridle etc. checked** |  |  |  |  |
| **{4}** | **All equipment for work checked and in order** |  |  |  |  |
| **{5}** | **Rungs its welding, metal block is serviceable** |  |  |  |  |
| **{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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­**