

TITLE: APMT Contractor Safety Management: Immediate Containment Actions					
Dept.	Sub-Dept.	Doc.Owner	Rev. No.	Revision Date	Document No.
Global OPS	--	RRI032	0.0	2014/07/16	TBD

**Contractor Permission to Work**

Date of issue:		Time of issue:	
Duration of issue:		Date/Time job completed:	
Name/s of contractor's company			
Name/s of contractors on site			
Work to be undertaken			
			Yes, No or NA
Contractors; HSSE Policy and risk assessments received?			
Contractors given APM Terminals; HSSE Induction for Visitors and Contractors?			
Contractors briefed on the hazards/risks at APM Terminals?			
Control measures and procedures explained/discussed with contractor?			
Have the people in the Contractor's work area been informed/notified?			
Have work areas been isolated or barriers placed if necessary?			

**For all high-risk activities; An activity specific Permit To Work must be issued following the APMT PTW manual**

<input type="checkbox"/> Transportation <input type="checkbox"/> Stored Energy <input type="checkbox"/> Control of Contractors <input type="checkbox"/> Suspended Loads <input type="checkbox"/> Lifting/ Working at Heights <input type="checkbox"/> Other
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**Any other safety issues which need to be addressed**

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<b>Issued by; Print Name</b>	
<b>Issued by; Signature</b>	
<b>Received by; Print Name</b>	
<b>Received by; Signature</b>	