



**PORT of TOWNSVILLE**

# Notification to Undertake Hot Work on Board a Vessel

Prior to undertaking hot work on board a vessel berthed within the Port, the master and / or the vessel's agent <u>must</u> notify Marine Services 24 hours prior of such intention by submitting a Notification to Undertake Hot Work on Board a Vessel. The master must also inform Port Control via VHF radio channel 12 of works commencing and at completion of works.		<b>Fax completed Notification to Undertake Hot Work request form to:</b>  Port of Townsville Limited Marine Services Fax: 47811681 Ph: 47811639	
The Master of MV _____ at berth _____ request permission to undertake Hot Work from _____ hrs on / / to _____ hrs on / /			
Brief description of hot work carried out on vessel:			
Are there any dangerous goods onboard the vessel?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>YES</b> , what distance away are the Dangerous Goods in relation to the Hot Work _____ metres			
Source of Ignition: Mark <input type="checkbox"/> as required	<input type="checkbox"/> Acetylene Torch	<input type="checkbox"/> Electric Tools	<input type="checkbox"/> Brazing
	<input type="checkbox"/> Abrasive Saw	<input type="checkbox"/> Heli-arc Welding	<input type="checkbox"/> Drilling
	<input type="checkbox"/> Electric Arc	<input type="checkbox"/> TIG/MIG Welding	<input type="checkbox"/> Grinding
	<input type="checkbox"/> Burn off	<input type="checkbox"/> Tools / Equipment	<input type="checkbox"/> Other:
Will a contractor and /or the ships crew be undertaking the works?		Contractor <input type="checkbox"/>	Ships crew <input type="checkbox"/>
Name of contractor / company completing the work			
Has the contractor completed a Port safety induction? Yes <input type="checkbox"/> No <input type="checkbox"/>		Induction N <sup>o</sup>	
Masters Name: _____ Masters Signature: _____			
Date: ___/___/___	Phone N <sup>o</sup>	Fax N <sup>o</sup>	Vessels Stamp
<b>Port of Townsville Limited Office Use Only</b>			
PSO Name		PSO Signature	Date: ___/___/___
Notated <input type="checkbox"/>	Denied <input type="checkbox"/> (see comments below)	Special precautions Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments / Special precautions:			
Has the hot work on board the vessel been completed without incident? Yes <input type="checkbox"/> No <input type="checkbox"/>			
PSO Name: _____		Date: ___/___/___	Time: _____ hrs

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