

**PERMIT TO WORK CLEARANCE FORM****SUBMIT PAGES 1-2, 3 WORKING DAYS BEFORE COMMENCEMENT OF WORKS****SECTION A:****APPLICATION DETAILS: TO BE COMPLETED BY CONTRACTOR / PROJECT MANAGER (PM)**

|                                                                                         |                                                               |                                                                                         |                                        |                              |                                                                                                      |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------|
| <b>PROJECT TITLE:</b>                                                                   | DEMOLATION WORKS                                              |                                                                                         |                                        |                              |                                                                                                      |
| <b>SCOPE OF WORK:</b><br>e.g. Painting, delivery, addition & alteration works etc       | DEMOLATION WORKS AT #02-22 to #02-26 NUH MEDICAL CENTRE LEVEL |                                                                                         |                                        |                              |                                                                                                      |
| <b>DATE OF SUBMISSION:</b><br>(Note: min 3 working days prior to commencement of works) | 27/02/2023                                                    | <input checked="" type="checkbox"/> New Application<br><input type="checkbox"/> Renewal |                                        |                              |                                                                                                      |
| <b>LOCATION OF WORK:</b>                                                                | <input type="checkbox"/> MB,SB                                | <input type="checkbox"/> KRW                                                            | <input checked="" type="checkbox"/> MC | <input type="checkbox"/> TWB | <input type="checkbox"/> UB<br><input type="checkbox"/> NUCOHS<br><input type="checkbox"/> KTP-NUCMI |
| Enclosed Photo or Floor Plan with marked locations                                      | Level                                                         | 02                                                                                      |                                        | Location:                    | 02-22                                                                                                |
| <b>DURATION OF ENTIRE PROJECT:</b><br>(DDMMYYYY)                                        | Start Date:                                                   | 27/02/2023                                                                              |                                        | Expected End Date:           | 31/03/2023                                                                                           |
| <b>NAME OF COMPANY:</b>                                                                 | RAA ONE CONSTRUCTIONS & ENGINEERING PTE LTD                   |                                                                                         |                                        |                              |                                                                                                      |
| Name of <b>SITE CONTACT PERSON:</b>                                                     | ANUBHAV GABA                                                  |                                                                                         |                                        | Mobile:90762633              |                                                                                                      |

**DECLARATION BY CONTRACTOR****PROJECT OWNER / PROGRAMME OWNER (PO) / PROJECT MANAGER (PM) / BME**

I hereby confirmed that all necessary safety measures, including the following requested hazardous work checklists, are in place for the abovementioned project and location(s) and the Contractor shall be responsible for ensuring that these safety measures remain in effect throughout the period of the project.

I have verified that this work is required and the Contractor has been briefed on NUHS House Rules for Work. Documents submitted are aligned with NUH requirements and are currently valid.  
\*Refer to submission checklist on Page 2

|              |                                                                                     |              |  |
|--------------|-------------------------------------------------------------------------------------|--------------|--|
| Name:        | NAGARAJAN RAJAMANICKAM                                                              | Name:        |  |
| Designation: | MANAGING DIRECTOR                                                                   | Designation: |  |
| Date:        | 27/03/2023                                                                          | Date:        |  |
| Signature:   |  | Signature:   |  |

**SECTION B1: APPLICATION – TO BE COMPLETED BY CONTRACTOR / PM**

\*Note: Each application/renewal may request up to 14 days. Final duration at the discretion of the authorisers

|              |      |    |      |                    |      |
|--------------|------|----|------|--------------------|------|
| From:        |      | To |      | Forms received on: |      |
| DDMMYY       | Date |    | Date |                    |      |
| 0000-2359hrs | Time | To | Time | FM                 | OORG |

**SECTION C1: TO BE COMPLETED BY NUH OSS**

|                                                      |                    |                        |
|------------------------------------------------------|--------------------|------------------------|
| Isolation Form:                                      | Verified by NUH FM | Authorised by NUH OORG |
| Not Required / Required<br>(Apply to FM in parallel) |                    |                        |
| * Delete Accordingly                                 |                    |                        |

**SECTION B2: RENEWAL – TO BE COMPLETED BY CONTRACTOR / PM**

\*Note: Each application/renewal may request for up to 14 days. Final duration at the discretion of the authorisers

|              |            |    |      |                    |      |
|--------------|------------|----|------|--------------------|------|
| From:        | 27/03/2023 | To |      | Forms received on: |      |
| DDMMYY       | Date       |    | Date |                    |      |
| 0000-2359hrs | Time       | To | Time | FM                 | OORG |

**SECTION C2: TO BE COMPLETED BY NUH OSS**

|                                                      |                    |                        |
|------------------------------------------------------|--------------------|------------------------|
| Isolation Form:                                      | Verified by NUH FM | Authorised by NUH OORG |
| Not Required / Required<br>(Apply to FM in parallel) |                    |                        |

\* Delete Accordingly

**SECTION D: TO BE COMPLETED BY NUH PROJECT OWNER/PROGRAMME OWNER (PO)/PROJECT MANAGER (PM)/BME****PROJECT TITLE:** DEMOLATION WORKS AT #02-22 to #02-26 NUH MEDICAL CENTRE LEVEL

| Type of Supporting Documents required                                |                    |             |          | Document Approved Date |           |                                     |
|----------------------------------------------------------------------|--------------------|-------------|----------|------------------------|-----------|-------------------------------------|
| Risk Assessment & Safe Work Procedures. (Last review within 3 years) |                    |             |          | 24/02/2023             |           |                                     |
| Method of Statement (Last review within 3 years)                     |                    |             |          | 24/02/2023             |           |                                     |
| NUHS House Rules Acknowledgement (Page 26, ACK 1-1)                  |                    |             |          |                        |           |                                     |
| Documents required for Critical Activities (By executing party)      | Work at Height >3m | Rope Access | Hoisting | Confined Space Entry   | Hot Works | Remarks                             |
| Approved MOM Scaffold Erector Company                                |                    |             |          |                        |           | For Scaffold above 4 meters         |
| Work At Height Assessor                                              |                    |             |          |                        |           |                                     |
| Fall Prevention Plan                                                 |                    |             |          |                        |           |                                     |
| IRATA Level 3 Supervisor                                             |                    |             |          |                        |           |                                     |
| Endorsed Anchor/Lifting Point                                        |                    |             |          |                        |           |                                     |
| Endorsed Lifting Plan                                                |                    |             |          |                        |           |                                     |
| Endorsed Load Capacity for LM, LA, LG                                |                    |             |          |                        |           |                                     |
| Ground Loading Bearing                                               |                    |             |          |                        |           | For mobile cranes and floor hoists  |
| Rescue Plan                                                          |                    |             |          |                        |           |                                     |
| Ventilation Plan                                                     |                    |             |          |                        |           |                                     |
| Confined Space Assessor                                              |                    |             |          |                        |           | For hot work on flammable materials |
| Hot Work Assessor                                                    |                    |             |          |                        |           |                                     |
| Welding / Brazing Competency                                         |                    |             |          |                        |           |                                     |
| Emergency Response Contacts                                          |                    |             |          |                        |           |                                     |
| Exemptions/Additional/Deviations Attached*(if any)                   |                    |             |          |                        |           |                                     |

**SECTION E: TO BE COMPLETED BY NUH OORG AUTHORISOR**

|                                                                                                             |          |     |    |                             |
|-------------------------------------------------------------------------------------------------------------|----------|-----|----|-----------------------------|
| Documents have been reviewed by NUH OORG. Documents submitted are valid and in accordance to the checklist. |          |     |    | Acknowledgement by NUH OORG |
| *NUH OORG to strike off all which are not applicable                                                        |          |     |    |                             |
| WAH / Rope Access                                                                                           | Hoisting | CSE | HW | Document valid till:        |

Additional concerns communicated with PM/User/Contractor

**Applicant to declare all accidents and incidents**

|                                                                                                                                                                                                                                                                                                    |                           |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|
| <ul style="list-style-type: none"> <li>Applicants declare that the work was conducted safely without injury or incident.</li> <li>Area has been made ready for hand-over and does not pose harm to other personnel.</li> <li>Isolation reinstatement has been completed where required.</li> </ul> | Emergency Contact Numbers |                      |
|                                                                                                                                                                                                                                                                                                    | Medical Emergency         | *27 – Contact NUH PM |
|                                                                                                                                                                                                                                                                                                    | Fire Emergency            | 6772 5222            |

- Hazards observed during scope of work shall be promptly reported to NUH Signatory in Section A.

|                   |           |
|-------------------|-----------|
|                   |           |
| Security Incident | 6772 5558 |
| BASCO             | 6772 5222 |

**WORKERS' DETAILS**

| S/<br>N | NAME OF WORKERS             | NATIONALITY | NRIC / FIN No<br>(Last 3 digits & alphabet) |   |   |   |   | WORK PERMIT<br>EXPIRY DATE |
|---------|-----------------------------|-------------|---------------------------------------------|---|---|---|---|----------------------------|
| 1       | MIA MOHAMMAD HANIF          | BANGLADESHI | 7                                           | 9 | 7 | - | R | 08/01/2024                 |
| 2       | BALSAMY BALAMURUGAN         | INDIAN      | 6                                           | 5 | 5 | - | U | 27/12/2023                 |
| 3       | UDDIN MOHAMMAD TONMOY       | BANGLADESHI | 7                                           | 7 | 7 | - | N | 18/07/2023                 |
| 4       | HOSSAIN SADDAM              | BANGLADESHI | 7                                           | 1 | 9 | - | X | 01/08/2023                 |
| 5       | HOSSEN MILON                | BANGLADESHI | 4                                           | 2 | 6 | - | W | 19/08/2023                 |
| 6       | WOZED                       | BANGLADESHI | O                                           | 0 | 0 | - | K | 16/04/2023                 |
| 7       | HOSSAIN MAMUN               | BANGLADESHI | 9                                           | 2 | 9 | - | P | 01/08/2023                 |
| 8       | RAJENDRAN MANIMARAN         | INDIAN      | 4                                           | 7 | 0 | - | M | 14/03/2024                 |
| 9       | RAHAMAN HABIBUR             | BANGLADESHI | 6                                           | 9 | 1 | - | W | 18/07/2023                 |
| 10      | JAYAPRAKASH KARTHIKEYAN     | INDIAN      | 6                                           | 4 | 1 | - | K | 05/12/2023                 |
| 11      | PALANIVEL PANDIYAN          | INDIAN      | 2                                           | 8 | 7 | - | K | 27/12/2023                 |
| 12      | HASAN MD MAHAMUDUL          | BANGLADESHI | 0                                           | 1 | 4 | - | X | 04/12/2024                 |
| 13      | AANUBHAV GABA               | INDIAN      | 1                                           | 6 | 5 | - | T | 25/05/2023                 |
| 14      | HOSSAIN MD MILON            | BANGLADESHI | 1                                           | 8 | 3 | - | N | 05/04/2023                 |
| 15      | CHINNATHAMBI<br>LOGANATHAN  | INDIAN      | 9                                           | 7 | 2 | - | X | 22/11/2023                 |
| 16      | RAMESH SEKAR                | INDIAN      | 9                                           | 9 | 1 | - | M | 03/04/2023                 |
| 17      | HASSAIN MD NABIR            | BANGLADESHI | 9                                           | 6 | 3 | - | U | 19/08/2023                 |
| 18      | ALI SUZON                   | BANGLADESHI | 2                                           | 0 | 7 | - | K | 18/07/2023                 |
| 19      | ULLAH AHSAN                 | BANGLADESHI | 6                                           | 7 | 1 | - | N | 21/11/2023                 |
| 20      | ISLAM MD JUHIRUL            | BANGLADESHI | 5                                           | 9 | 8 | - | P | 04/09/2023                 |
| 21      | FAROUK OMAR                 | BANGLADESHI | 8                                           | 3 | 5 | - | K | 06/04/2023                 |
| 22      | MUTHAMIZHARASAN             | INDIAN      | 3                                           | 8 | 1 | - | L | 16/11/2023                 |
| 23      | AYYANAR AJITHKUMAR          | INDIAN      | 2                                           | 4 | 5 | - | N | 09/12/2023                 |
| 24      | KRISHNAN VIJAYSANKAR        | INDIAN      | 2                                           | 3 | 6 | - | X | 27/12/2023                 |
| 25      | ANANDAN NANDHAKUMAR         | INDIAN      | 0                                           | 1 | 0 | - | U | 09/12/2023                 |
| 26      | CHELLADURAI<br>MUTHUKUMARAN | INDIAN      | 4                                           | 4 | 0 | - | Q | 30/11/2023                 |

Note: Duplicate this form to submit more worker's details.

# Permit-To-Work (PTW) Application Flow Chart

**PTW processing time : 3 working days**

**PTW reviewing time for Complex work : 3 weeks**

