

SITE OPERATIONS DECLARATION

This form is to be completed by all Facility Users that intend to use/berth/work in and around Stornoway Port Authority. This includes the movement of any equipment/cargo from or to the site by sea or road. Copies of this form should be lodged with Port Control at least 2 working days prior to arrival on site/operations commencing. Excludes operations being conducted within leased / owned buildings unless there is a risk/impact to other Facility Users.

Vessel/Project		Company Name	
Date of Arrival		Date of Departure	
Site Location		Additional Laydown/Storage	
Scope of Work			
Simultaneous Operations (including cargo movements / contractor activities)			
Personnel Details	Name	Company	Contact No.
Responsible Person - Facility User in overall control of work / area			
Site Supervisor - Facility User on site controlling work / area			
Emergency Contact - 24 hour			

Notification of Controlled Operations (see Summary of Controlled Operations on page 2)			
Type of Operation	PTW in Place Y / N / NA	Date(s)	Time (to-from)

Conditions for site usage
<ul style="list-style-type: none"> • Risk assessment & method statement/plans of work have been completed for works described above • Lift Plan completed for lifting operations • Exclusion zone and signage around operation will be implemented (where required) • All persons involved in the work are suitably trained, competent and where necessary authorised • Insurance suitable and sufficient for the work scope is in place • Site Supervisor shall ensure that the work area is secure and area is controlled • Appropriate PPE & high visibility clothing must be worn as a minimum when working on site along with any relevant personal protective equipment required for the work activity • Compliance with the SPA Health, Safety & Environmental Guidelines document

Declaration

I declare that all the above conditions for site usage shall be complied with and any changes or variations shall be informed to the Port Control as soon as practical.

Name of person authorised to notify work (PRINT NAME):

Position:

Company:

*Signature:

Date:

*All signatures must be original. Photocopies, electronic or typed signatures will not be accepted.

Summary of Controlled Operations

Type of Operation	Controlled under SPA PTW	Controlled under Facility User PTW	Prior Notification to SPA
Diving	✓		
Bunkering & Internal Fuel Transfers			✓
Electrical Isolations – applicable only to SPA electrical installations	✓		
Hot Work - excluding operations within leased / owned buildings		✓	✓
Confined Space Entry - excluding operations within leased / owned buildings		✓	✓
Excavations	✓		
Lifting - any lifts being undertaken in the radius of other Facility Users, buildings or vessels			✓
Abnormal loads			✓
Dangerous goods			✓
Stretching warps	✓		
Blasting & Spray Painting - excluding operations within leased / owned buildings		✓	✓