Ng Teng Fong General Hospital

Jurong Community Hospital

Going Digital: Electronic Permit To Work (ePTW)

How-To Playbook

2025

Content Page

How-To Playbook

1. Introduction
2. PTW Exemption
3. PTW Clearance
4. PTW Renewal



Introduction

Different types of Forms for Different Purposes

PTW Exemption

- Low Risk Works

PTW Clearance

- Full Submission
- 15 Working Days for approval

PTW Renewal

- Expiring / Expired PTW
- 5 Working Days for approval

PTW Exemption

Applicable for:

1. Exhibition / booth / bazaar / tables & chairs for events, seminar, workshop, conferences, teambuilding with provision of Residual Current Device (RCD) for electronics

2. Catering and live station using electrical appliances with RCD, not involving the use of Liquefied Petroleum Gas (LPG), Butane canisters or any other compressed gas cylinders.

3. Filming in JurongHealth Campus premises, ensuring that all workers wear surgical mask when entering patient areas.

CLICK HERE FOR FORM

PTW Exemption

Section A: Application details - To be completed by applicant (Contractors / Vendors)

SAMPLE

1. **Event Name**
Provide name of event and description of setup (e.g. bento catering for teambuilding / bazaar setup)

Buffet set-up for Team Bonding

* Please ensure the name is descriptive & distinguishable

2. **Name of representative from requesting department / owner from JurongHealth Campus (e.g. Serene Tan, General Services)**
Name of requestor who engage applicant for this acitivity

Serene Tan, General Services

* Please ensure the name and email is correct so that the appropriate person is informed

3. **Requestor department email - A copy of all responses will be sent to this address.**
Email of requestor who engage applicant for this activity. Do not submit multiple email addresses

example@nuhs.edu.sg

4. **Types of Activities**

- [x] Events setup (Exhibition / Booth / Bazaar / Seminars / Conference / Teambuilding) with provision of Residual Current Device (RCD)
- [ ] Catering and live stations using electrical appliances not involving the use of Liquefied Petroleum Gas (LPG) cylinder, butane gas canister or any compressed gas cylinder and provision of own Residual Current Device (RCD).
- [ ] Filming inclusive of news and publication organisations, media companies hired in the interest of JurongHealth, production companies hired to facilitate events held in JurongHealth Campus premises. Please ensure all workers wear surgical mask when entering patient (e.g. ward / clinic / OT etc) areas.

5. **Building(s) Where Works / Activities are Conducted**
Select the building where the work will be carried out. You select more than one location for multiple work locations.

- [ ] Tower A
- [ ] Tower B
- [ ] Tower C
- [x] The Annexe

PTW Exemption

SAMPLE

6. **Exact Location(s) of Work**
Indicate by floor and room e.g Level 3/OT12, Level 5/Clinic A52/Room2

NTFGH Annex Block Level 4 Kitchen

* Please ensure the location is correct

7. **Date of Activity - START DATE**
Activity start date including setup duration

10 October 2025

8. **Date of Activity - START TIME**
Activity start time including setup duration
e.g. 8.30am

0900

* Enter start and end date of entire activity / project.

9. **Date of Activity - END DATE (Anticipated Period of Activity)**
Activity end date including teardown, removal and demobilisation off premise.

30 October 2025

10. **Date of Activity - END TIME**
Activity end time including teardown, removal and demobilisation off premise duration
e.g. 6.30pm

1600

11. **Number of workers onsite**
Please include the # of workers for this activity.
Vendor/ Contractors assigned for this activity are required to bring worker's list and valid work permit passes to Security Office to exchange for access pass.

11

* Please ensure number tallies with vendor's registration list

12. **Name of Applicant (Contractor / Vendor)**
Representative / supervisor / person in charge of this project or work performed on site - person to contact in event of site concerns (e.g. Alex Toh, Filmfast Pte Ltd)

Vendor Tan

* Applicant's name

SAMPLE

PTW Exemption

13. **Contact Details of Contractor / Vendor**
Handphone number of Contractor / Vendor's representative for the activity

9876 5432

* Please ensure the number is correct

14. **Contractor / vendor's email**
Email address to recieve the PTW approval email. Do not submit multiple email addresses

Vendor_example@gmail.com

* Please ensure email is valid as this will be the main mode of contact

Section B : Compliance and Acknowledgement

15. **Maintain clear access to all Fire and Emergency equipment (Hose Reels, Fire Extinguishers, Manual Call Points, AEDs) and keep Fire/Emergency Escape Routes unobstructed at all times.**

☑ Acknowledged

16. **PROHIBITED: Open flames, LPG, and flammable liquids/gases for cooking. Use only safe electrical warmers or solid fuel burners for keeping pre-cooked food warm.**

☑ Acknowledged

17. **Secure tablecloths and remove combustible items to prevent fire risks. Remove all food heaters/warmers immediately after event conclusion.**
Appoint a responsible person to secure tablecloths, remove fire hazards, and ensure prompt removal of food heaters/warmers after the event.

☑ Acknowledged

18. **Electrical Equipment Guidelines**
1. Prefer battery-operated equipment.
2. If power is needed:
   2a) Use white rocker switches only.
   2b) Connect through a 10A RCD.
   2c) Maximum load: 13A.
3. Always use an RCD before connecting to any socket to prevent tripping JurongHealth Campus circuits.
4. Multi-adapters are prohibited.
5. Using red or green rocker switches requires special approval.

☑ Acknowledged

* Please read and understand what is expected before acknowledging. It is your responsibility to do so

PTW Exemption

SAMPLE

19. **Cable Management Requirements**

1. Secure all loose cables.
2. Use appropriate cable covers, trays, or equivalent protection.
3. Fasten cables to the floor using black and yellow hazard tape.
4. Ensure all measures prevent tripping hazards.

☑ Acknowledged

20. **I possess copies of all required safety compliance documents adhering to industry best practices.**

Planned activities shall exclude: Working at hazardous height of more than 3 metres, demonstration of equipment that generate heat, dust and noise, radiation hazard, hoisting, scaffolding erection or use of any explosive power tools, hazardous substances / chemicals involved. If you do not have activity with such need of these documents, kindly tick the last checkbox (letter of undertaking) as declaration.

☑ Risk Assessment (RA) or equivalent

☑ Safe Work Procedure (SWP)

☑ Letter of undertaking - I declare 1)risk assessment has been duly assessed by my organisation, 2)the work has been classified as low risk, 3) All staff have been medically screened, 4)If any incidents or property damage occur during the project, I will provide a business continuity plan and reimburse any fees incurred. 5)This declaration does not reduce my obligations under this project or exempt me from complying with Workplace Safety & Health (WSH) Act and related regulations, including WSH Risk Management, WSH Incident Reporting, and WSH General Provisions.

21. **I hereby certify that the information given in this form is true and correct to the best of my knowledge. I have read, understood and shall comply with the above stated safety requirements, all applicable statutory requirements stipulated in the Workplace Safety and Health Act and its subsidiary legislation, accepted codes of safe practices, safety standard and any other related legislation currently in practice.**

✕ No | ✓ Yes

* Please read and understand what is expected before acknowledging. It is your responsibility to do so

PTW Exemption

SAMPLE



https://for.sg/pnze7h

Click on the link for JurongHealth Campus House Rules https://for.sg/pnze7h
or Scan the QR code above for Juronghealth Campus House Rules

22. **JurongHealth Campus House Rules acknowledgement**

☑ Applicant shall acknowledge and abide by the JurongHealth Campus House Rules (Version March 2022) on Page 33 (ACK-1-1) and work with hospital management to ensure that the relevant workplaces in JurongHealth Campus are safe and safe work practices and procedures will be implemented.

* Ensure that you have viewed and understood the house rules before acknowledging

PTW Exemption

After Submitting,

1. PTW Exemption is auto-approved. Requestor department, Appointed vendor / contractor (Applicant), Security, WSH Manager will receive a copy of the Form.sg application.

2. Vendor / Contractor is required to bring the Form.sg application form, worker & visitor list and any valid work passes to Security office to exchange for access pass.

3. WSH Manager will check the event prior or on the day of the event. Stop work order will be issued for non-compliance, and written warning will be issued to requestor.

PTW Clearance

PTW Clearance

This will be a complete PTW submission.

A PTW Number will be generated and made known to you once your application has been approved.

CLICK HERE FOR FORM



Note:
It is highly recommended to carry out a kick-off meeting **2 month** before embarking on your PTW application

SAMPLE

PTW Clearance

Permit-To-Work Clearance

Instructions for Applicant

Applicant refers to contractor or vendor who is filling up this form.

i. Ensure you have compulsory documents ready for submission before commencement of project.

See Section D on required documents (i.e. RA Leader certificate, Risk Assessment, Method Statement, competency records which evidently enforce safe activities in the premises).

ii. This form is made up of five sections (Section A to E), Applicant is required to complete all sections.

iii. This PTW Clearance request shall be submitted 14 working days in advance (prior to commencement of work).

A) Requestor (Requesting department / owner of the works)

1. **Name of representative from requesting department / owner from JurongHealth Campus (e.g. Serene Tan, General Services)**
Name of requestor engaging applicant for this acitivity

Mr. Example Lim, Testing Department

2. **Contact Number of Requestor**

9876 5432

3. **Requestor department email - A copy of all responses will be sent to this address.**
Email of requestor who engage applicant for this activity. Do not submit multiple email addresses

example@nuhs.edu.sg

* Applicant to ensure the name and contact information is correct so that the appropriate person is informed

SAMPLE

PTW Clearance

B) Applicant (Contractor / Vendor)

Applicant refers to contractor or vendor who is filling up this form.

4. **Project Title**
NTFGH Tower (?), Level (?), (Location of works), (Type of Project i.e. Renovation/Replacement of equipment etc)

NTFGH Annex Block Level 4 Replacement of Gym Equipment

* Please ensure the name is descriptive & distinguishable

5. **Description of Work**
Type of activity to be carried out, i.e. Hacking works, electrical works, plumbing, ACMV etc.

Equipment disposal, delivery, flooring repair, electrical works, etc

* Description of works should cover all works that will be done during the project duration

6. **Company Name**
Company name according to ACRA

The Vendor Pte Ltd

7. **Name of Applicant (Contractor / Vendor)**
Representative / supervisor / person in charge of this project or work performed on site - person to contact in event of site concerns (e.g. Alex Toh)

Vendor Tan

8. **Contact Details of Applicant (Contractor / Vendor)**
Handphone number of Applicant's representative for the activity

8976 5432

9. **Applicant's email**
Provide email address to recieve the PTW approval email notification. Do not submit multiple email addresses

example@gmail.com

Verify

* Please ensure the name and contact information is correct so that we are able to contact you

SAMPLE

PTW Clearance

10. **Choose Location**
Select more than 1 should there be more locations where work would be commenced

- [ ] Tower A
- [ ] Tower B
- [ ] Tower C
- [x] The Annexe

11. **Actual location of work**
Indicate the exact location where work take place, i.e. Level 3/ A32, level 2 / Kampung, level 16 / Private (P) / Sub (S), which level / which clinic or ward

NTFGH Annex Block Level 4 Gym

12. **Date of Activity - Start Date**
Activity start date including setup duration

dd/mm/yyyy 12 November 2025

13. **Date of Activity - Start Time**
Activity start time including setup duration
e.g. 8.30am

0830

14. **Date of Activity - End Date (Anticipated Period of Activity)**
Activity end date including teardown, removal and demobilisation.

dd/mm/yyyy 12 January 2025

15. **Date of Activity - End Time**
Activity end time including teardown, removal and demobilisation.
e.g. 6.30pm

1830

* Please ensure the location is correct

* Enter start and end date of entire activity / project. WSH Manager will assign PTW validity period upon approval

SAMPLE

PTW Clearance

C) Materials, equipment and tools to be used

By completing this section, I understand the hazards associated with this work and the safety precautions to be taken. They have been fully explained to all the workers.

16. **Indicate the materials, equipment and tools to be used.**
Add more rows if required.

List of materials, equipment and tools
Hand tools, refer to MOS, etc

+ Add another row

1 out of max 20 rows

* To add and declare to the best of your ability. Must tally with Method of Statement (MOS)

D) To be submitted / declared by Applicant

Applicant refers to contractor or vendor filing up this form.

Do ensure that you have downloaded and completed the necessary documents and forms from the download link provided.

All submitted documents will be thoroughly reviewed. Incomplete or incorrect submissions may result in rejection.

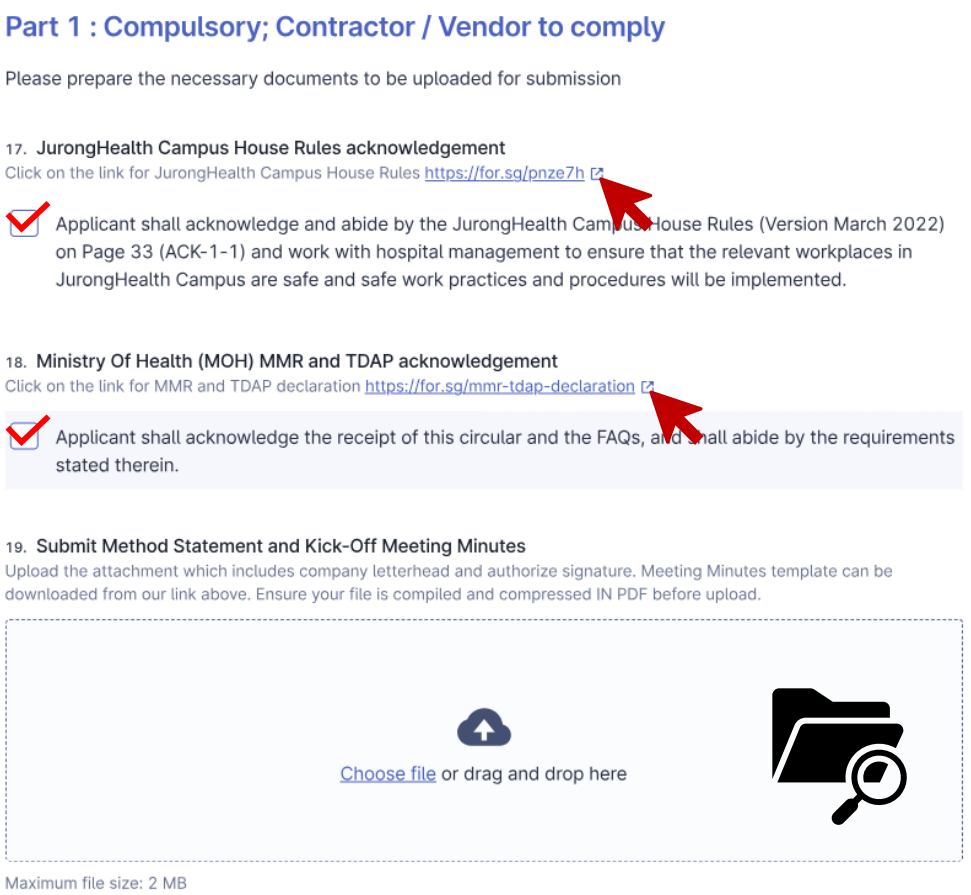
Refer to link provided below to access to forms / templates.

Link to download: https://for.sg/ptw-documents

* Click the link to find relevant documents / templates / forms that can be downloaded for filling up and submission

SAMPLE

PTW Clearance



* Click the link to view house rules

* Ensure that you have viewed and understood the house rules before acknowledging the requirements

* Click the link to view MMR and TDAP circular

* Ensure that you have viewed and understood the circular before acknowledging your receipt and acceptance of the requirements

* To upload project-specific Method statement that tallies with Risk Assessment and Safe Work Procedure submitted

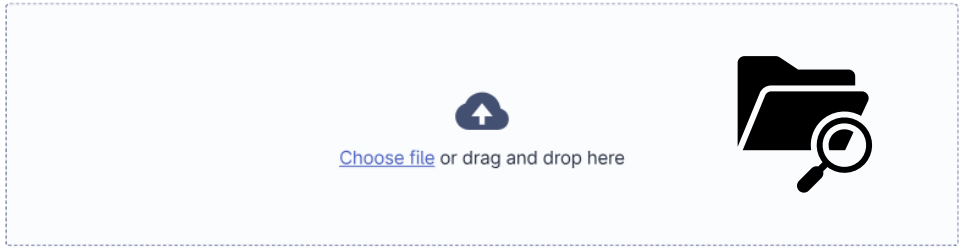
Please be aware of the maximum permitted file size. If necessary, ensure you compile and compress your files

SAMPLE

PTW Clearance

20. **Submit Risk Assessment for abovementioned works**

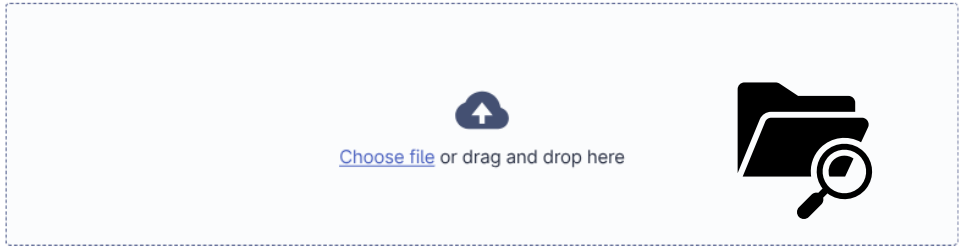
Template can be downloaded from our link above, and to be attached with authorize signature.



Maximum file size: 7 MB

* To submit a project-specific Risk Assessment (RA) that aligns with MOS and SWP. Please refer from the available sample

21. **Submit RA Leader (Workplace Safety and Health Control Measures-4) certificate**

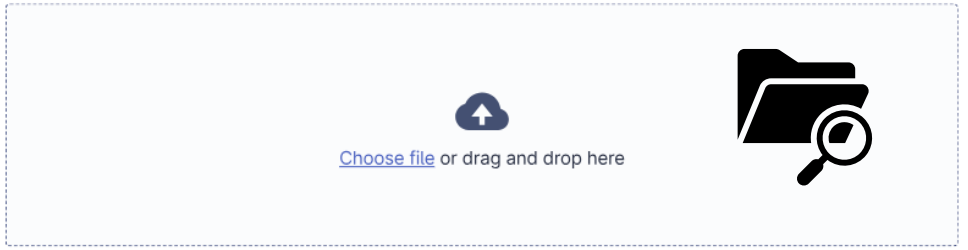


Maximum file size: 1 MB

* Valid RA Leader certificate held by the same individual stated in the Risk Assessment

22. **Submit mandatory safety documents such as Safe Work Procedures etc**

Do ensure validity period of documents.



Maximum file size: 4 MB

* To submit a project-specific Safe Work Procedure (SWP). Please refer from the available sample.

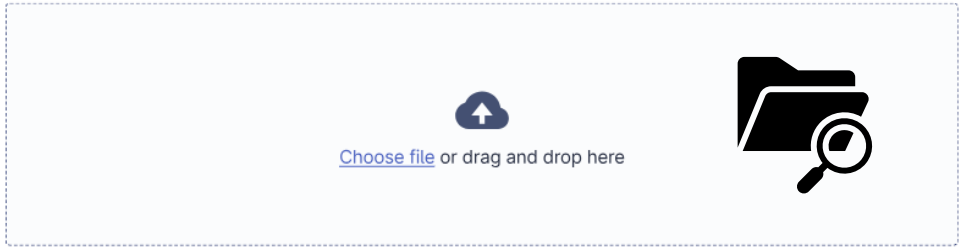
Please be aware of the maximum permitted file size. If necessary, ensure you compile and compress your files

SAMPLE

PTW Clearance

23. **Submit Safety and Data Sheet of chemical(s) to be used**

If not applicable, kindly submit a declaration letter in PDF format to document this.

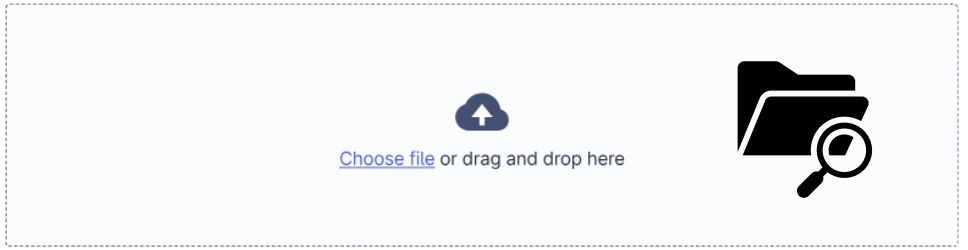


Maximum file size: 2 MB

* To submit all available Safety Data sheet ensuring validity period covers project duration and hazard labels present

24. **Submit approved list of workers (with training certificates, e.g., Work-At-Height works)**

Please provide the Workers and Visitors List, along with any training certifications as deemed necessary.



Maximum file size: 4 MB

* To submit particulars of all personnel required to enter the premise. Please refer to the available sample.

Please be aware of the maximum permitted file size. If necessary, ensure you compile and compress your files

SAMPLE

25. Infection Control Risk Assessment (ICRA)

Applicant to ensure that Infection Control Department has been consulted prior to any Permit to Work application.

Construction Type	Patient Risk Group	Risk Class
Type A	Low	Class I

26. Name and contact of Infection Control Team (ICN)

Name and contact information / method of contact of Infection Control Personel that advised you (the applicant) on the above Risk Assessment Classification.

ICN Nurse Name

* To ensure that Infection Control Team is aware of the project and to get their acknowledgement of submitted classification

* Applicant to ensure correct name and contact information is provided

PTW Clearance

Pre-Construction Site Checklist

Project Name : _____

Start Date:_____

Construction / Renovation Company :_____

End Date:_____

Project Manager:_____

(Please Circle)

Construction Type: A B C D

Patient Risk Group : Low Medium High Highest

Risk Class: I II III IV

* Please refer to Hoarding inspection form available for download

* A kick-off meeting including the Infection Control Team is required to ascertain this classification before applying

SAMPLE

PTW Clearance

Part 2: Applicant to liaise with Requestor / respective personnel at work location

To show proof of communication through photographs or texts with requestor / personnel at work location(s)

27. Are appropriate hazard signs & barricades in place?

- ○ NOT APPLICABLE
- ✓ YES

28. Are there sufficient lighting & adequate ventilation in place?

- ○ NOT APPLICABLE
- ✓ YES

29. Are all measures taken to minimise noise, dust & vibration?

- ○ NOT APPLICABLE
- ✓ YES

30. Are there works which require the removal of ceiling boards?

- ○ NOT APPLICABLE
- ✓ YES

* To ensure adherence to and proof with documentation in progress reports for all items in this section

SAMPLE

CLICK HERE
To download additional HIGH RISK documents to submit separately

PTW Clearance

Part 3: High Risk Work for Technical Permit Application

To declare any high risk works expected during the project duration.

31. Do you have any hotworks?
- [x] NO
- [ ] YES

32. Do you have any works at height above 3 meters?
- [x] NO
- [ ] YES

33. Do you have any works in confined space(s)?
- [x] NO
- [ ] YES

34. Do you have any hoisting / lifting works?
- [x] NO
- [ ] YES

35. Do you have any works requiring rope access?
- [x] NO
- [ ] YES

* To declare in good faith of any HIGH RISK works. High Risk works will involve additional documents to be submitted separately to the relevant subject matter experts

* Applicants are responsible for thoroughly verifying that any items marked as "NO" are genuinely not occurring or being performed

SAMPLE

CLICK HERE
To download additional HIGH RISK documents to submit separately

PTW Clearance

36. Do you have any Mechanical and Electrical (M&E), i.e. Electrical, Air-Conditioning and Mechanical ventilation related, Plumbing, Sanitary, Medical Gas, PA System, Nurse call, Code blue works?
If you are unsure, please notify your person of contact to lias with Facilities Management (FM).

- [x] NO
- [ ] YES

37. Do you have any fire protection works?

- [x] NO
- [ ] YES

38. Do you have any IT works?

- [ ] NO
- [x] YES

IT SERVER ROOM REQUEST FOR ACCESS:

After your PTW has been approved, please use your valid PTW number with the relevant supporting documents including but not limited to:

1. Method Of Statement
2. Qualified Personnels Documents and Information
3. Any other required documents with Endorsement / Approval

and any other required forms and make a Request for Access application with the relevant approving department(s).

Supplementary documents (non-exhaustive) can be found in the link below:
https://for.sg/other-permits

* Click the link to find relevant documents / templates / forms to be filled up and **submitted separately for approval**

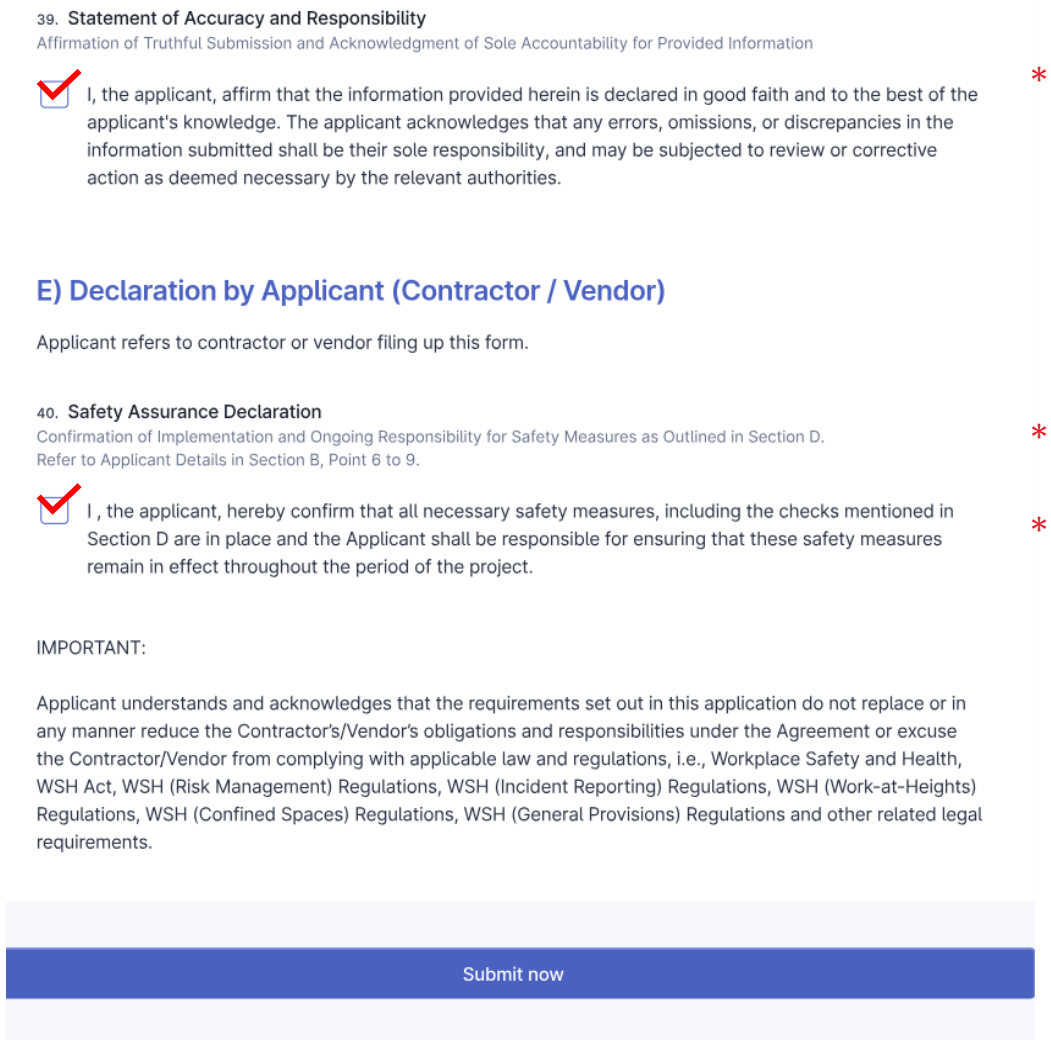
* Applicants are responsible for thoroughly verifying that any items marked as "NO" are genuinely not occurring or being performed

* Items marked as "YES" will prompt a download link for the additional supporting documents to apply for the additional permits

* These items as declared will be Required to be reflected both in MOS and Risk Assessment. The required skilled worker must also be included in the list of workers and their certification to be submitted

SAMPLE

PTW Clearance



39. **Statement of Accuracy and Responsibility**

Affirmation of Truthful Submission and Acknowledgment of Sole Accountability for Provided Information

☑ I, the applicant, affirm that the information provided herein is declared in good faith and to the best of the applicant's knowledge. The applicant acknowledges that any errors, omissions, or discrepancies in the information submitted shall be their sole responsibility, and may be subjected to review or corrective action as deemed necessary by the relevant authorities.

E) Declaration by Applicant (Contractor / Vendor)

Applicant refers to contractor or vendor filing up this form.

40. **Safety Assurance Declaration**

Confirmation of Implementation and Ongoing Responsibility for Safety Measures as Outlined in Section D.
Refer to Applicant Details in Section B, Point 6 to 9.

☑ I , the applicant, hereby confirm that all necessary safety measures, including the checks mentioned in Section D are in place and the Applicant shall be responsible for ensuring that these safety measures remain in effect throughout the period of the project.

IMPORTANT:

Applicant understands and acknowledges that the requirements set out in this application do not replace or in any manner reduce the Contractor's/Vendor's obligations and responsibilities under the Agreement or excuse the Contractor/Vendor from complying with applicable law and regulations, i.e., Workplace Safety and Health, WSH Act, WSH (Risk Management) Regulations, WSH (Incident Reporting) Regulations, WSH (Work-at-Heights) Regulations, WSH (Confined Spaces) Regulations, WSH (General Provisions) Regulations and other related legal requirements.

Submit now

* To declare in good faith of any HIGH RISK works

* Applicants to declare in good faith

* The application process is expected to take approximately **15 business days** for approval. Please make sure your submission is thorough and accurate to facilitate a seamless approval. Any errors or omissions may require you to **resubmit** the application.

PTW Clearance

After Submission,

1. PTW Clearance approval typically takes about 15 working days. Upon approval, copies will be sent to the Requesting Department, Appointed Vendor/Contractor (Applicant), Security, and the WSH Manager.

2. Vendors/Contractors must present two hard copies of the approval email, the Worker and Visitor list, and valid work passes at the Security office to obtain access passes.

3. Inspections may occur at any time before and during the work. Failure to comply will lead to a stop work order and any additional actions deemed necessary.

PTW Renewal

This will be a PTW Renewal submission.

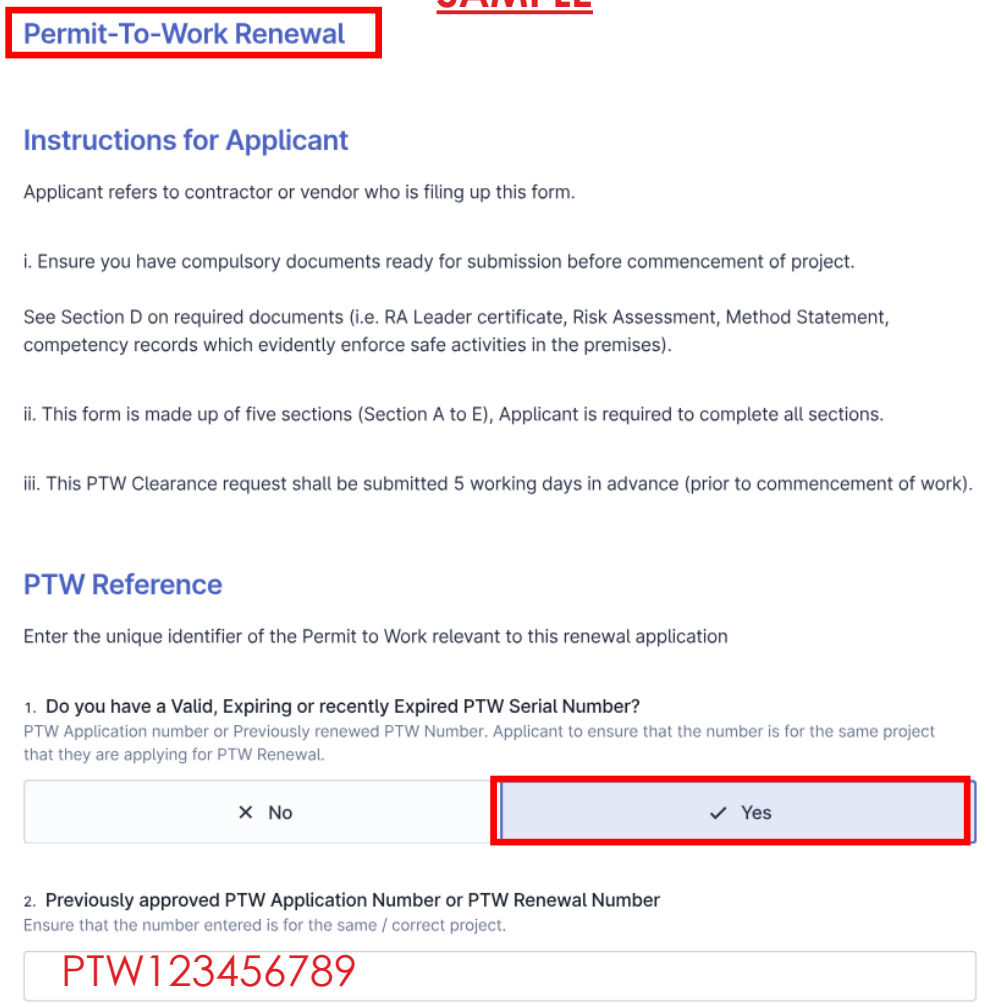
Please provide the PTW number assigned after your initial PTW Clearance approval. You will not be able to apply for a renewal if you do not have an existing / prior APPROVED PTW

PTW Renewal

CLICK HERE FOR FORM

SAMPLE

PTW Renewal



Permit-To-Work Renewal

Instructions for Applicant

Applicant refers to contractor or vendor who is filing up this form.

i. Ensure you have compulsory documents ready for submission before commencement of project.

See Section D on required documents (i.e. RA Leader certificate, Risk Assessment, Method Statement, competency records which evidently enforce safe activities in the premises).

ii. This form is made up of five sections (Section A to E), Applicant is required to complete all sections.

iii. This PTW Clearance request shall be submitted 5 working days in advance (prior to commencement of work).

PTW Reference

Enter the unique identifier of the Permit to Work relevant to this renewal application

1. Do you have a Valid, Expiring or recently Expired PTW Serial Number?
PTW Application number or Previously renewed PTW Number. Applicant to ensure that the number is for the same project that they are applying for PTW Renewal.

× No ✓ Yes

2. Previously approved PTW Application Number or PTW Renewal Number
Ensure that the number entered is for the same / correct project.

PTW123456789

* Applicants for renewal MUST have an existing PTW for the same project

* Ensure the PTW number provided on the PTW approval is accurate, as an incorrect PTW number will lead to rejection and resubmission

SAMPLE

PTW Renewal

A) Requestor (Requesting department / owner of the works)

3. Name of representative from requesting department / owner from JurongHealth Campus (e.g. Serene Tan, General Services)
Name of requestor engaging applicant for this acitivity

Mr. Example Lim, Testing Department

4. Contact Number of Requestor

9876 5432

5. Requestor department email - A copy of all responses will be sent to this address.
Email of requestor who engage applicant for this activity. Do not submit multiple email addresses

example@nuhs.edu.sg

* Should be in line with original PTW Clearance Application

B) Applicant (Contractor / Vendor)

Applicant refers to contractor or vendor who is filling up this form.

6. Project Title
SAME AS ORIGINAL PTW CLEARANCE

NTFGH Tower (?), Level (?), (Location of works), (Type of Project i.e. Renovation/Replacement of equipment etc)

NTFGH Annex Block Level 4 Replacement of Gym Equipment

* Information requested here should not change, unless change in representative

7. Description of Work
Type of activity to be carried out, i.e. Hacking works, electrical works, plumbing, ACMV etc.

Equipment disposal, delivery, flooring repair, electrical works,

SAMPLE

PTW Renewal

8. **Company Name**
Company name according to ACRA

The Vendor Pte Ltd

9. **Name of Applicant (Contractor / Vendor)**
Representative / supervisor / person in charge of this project or work performed on site - person to contact in event of site concerns (e.g. Alex Toh)

Vendor Tan

10. **Contact Details of Applicant (Contractor / Vendor)**
Handphone number of Applicant's representative for the activity

8976 5432

11. **Applicant's email**
Provide email address to recieve the PTW approval email notification. Do not submit multiple email addresses

example@gmail.com Verify

12. **Choose Location**
Select more than 1 should there be more locations where work would be commenced

- [ ] Tower A
- [ ] Tower B
- [ ] Tower C
- [x] The Annexe

13. **Actual location of work**
Indicate the exact location where works take place, i.e. Level 3/ A32, level 2 / Kampung, level 16 / Private (P) / Sub (S), which level / which clinic or ward

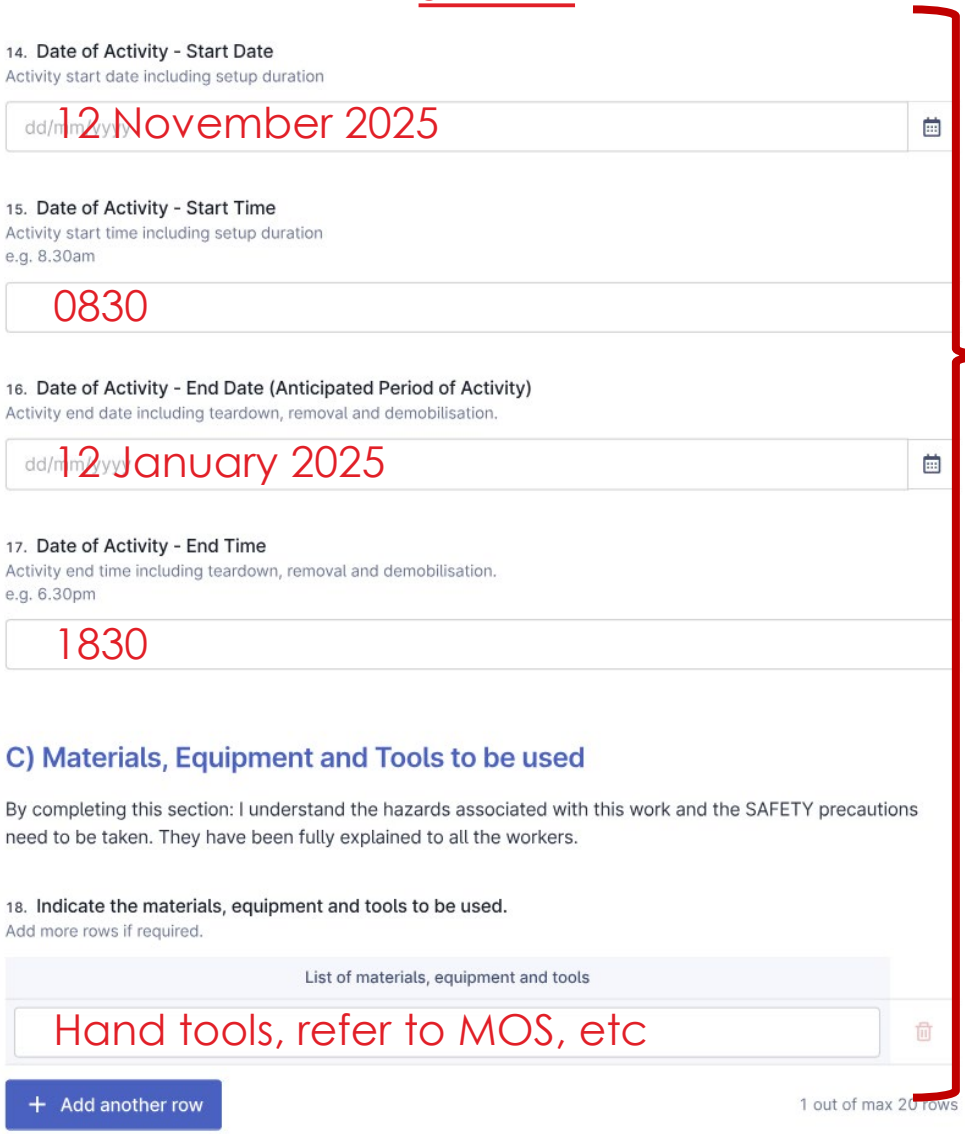
NTFGH Annex Block Level 4 Gym

* Should be in line with original PTW Clearance Application

* Ensure that any modifications to the information requested are accurately updated here especially change in location if any

SAMPLE

PTW Renewal



* Should be in line with original PTW Clearance Application

* Ensure that any modifications to the information requested are accurately updated here especially change in Activity END DATE and materials, equipment and tools

SAMPLE

PTW Renewal

D) To be submitted / declared by Applicant

Applicant refers to contractor or vendor filing up this form.

Do ensure that you have downloaded and completed the necessary documents and forms from the download link provided.

All submitted documents will be thoroughly reviewed. Incomplete or incorrect submissions may result in rejection.

Refer to link provided below to access to forms / templates.

Link to download: https://for.sg/bllf3z

* Click the link to find relevant documents / templates / forms that can be downloaded for filling up and submission

Part 1 : Compulsory; Contractor / Vendor to comply

Please prepare the necessary documents to be uploaded for submission

19. **Evidence of communication on the approved Risk Assessment to all workers on-site**
E.g. Progress Report with Toolbox Meeting Pictures

Choose file or drag and drop here

Maximum file size: 10 MB

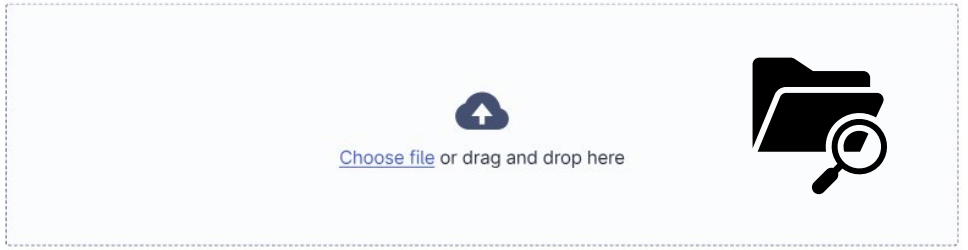
* Include all progress reports highlighting safety briefings or toolbox meetings at the start of each report.

Please be aware of the maximum permitted file size. If necessary, ensure you compile and compress your files

SAMPLE

PTW Renewal

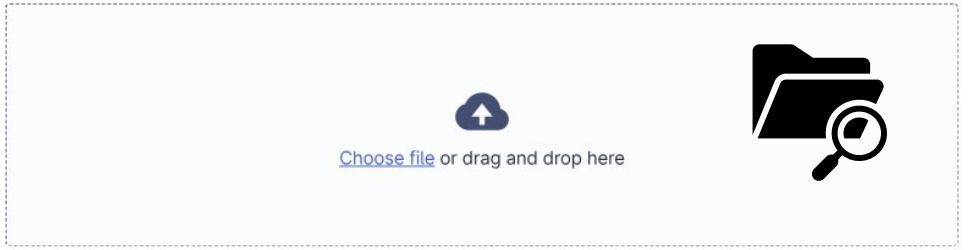
20. **Submit approved list of workers (with training certificates, e.g., Work-At-Height works)**
Please provide the Workers and Visitors List, along with any training certifications as deemed necessary.



Maximum file size: 2 MB

* Submit your list of workers and any additional certificates taking note on having valid work permit covering entire project duration

21. **Any Revised documentation** (optional)
Upload the attachment which includes company letterhead and authorize signature.
Any other additional works to the ones previously submitted?



Maximum file size: 4 MB

* Submit any amended documents based off any comments from original PTW clearance application

22. **Any Revised documentation** (optional)
Upload the attachment which includes company letterhead and authorize signature.
Any additional works additional to the ones previously submitted?



Maximum file size: 4 MB

Please be aware of the maximum permitted file size. If necessary, ensure you compile and compress your files

SAMPLE

PTW Renewal

Part 2: Applicant to liaise with Requestor / respective personnel at work location

To show proof of communication through photographs or texts with requestor / personnel at work location(s)

23. Are appropriate hazard signs & barricades in place?

- [x] NOT APPLICABLE
- [ ] YES

24. Are there sufficient lighting & adequate ventilation in place?

- [x] NOT APPLICABLE
- [ ] YES

25. Are all measures taken to minimise noise, dust & vibration?

- [x] NOT APPLICABLE
- [ ] YES

26. Are there works which require the removal of ceiling boards?

- [x] NOT APPLICABLE
- [ ] YES

* To ensure adherence to and proof with documentation in progress reports for all items in this section

SAMPLE

CLICK HERE
To download additional HIGH RISK documents to submit separately

PTW Renewal

Part 3: High Risk Work for Technical Permit Application

To declare any high risk works expected during the Project Duration.

27. Do you have any hotworks?
- [x] NO
- [ ] YES

28. Do you have any works at height above 3 meters?
- [x] NO
- [ ] YES

29. Do you have any works in confined space(s)?
- [x] NO
- [ ] YES

30. Do you have any hoisting / lifting works?
- [x] NO
- [ ] YES

31. Do you have any works requiring rope access?
- [x] NO
- [ ] YES

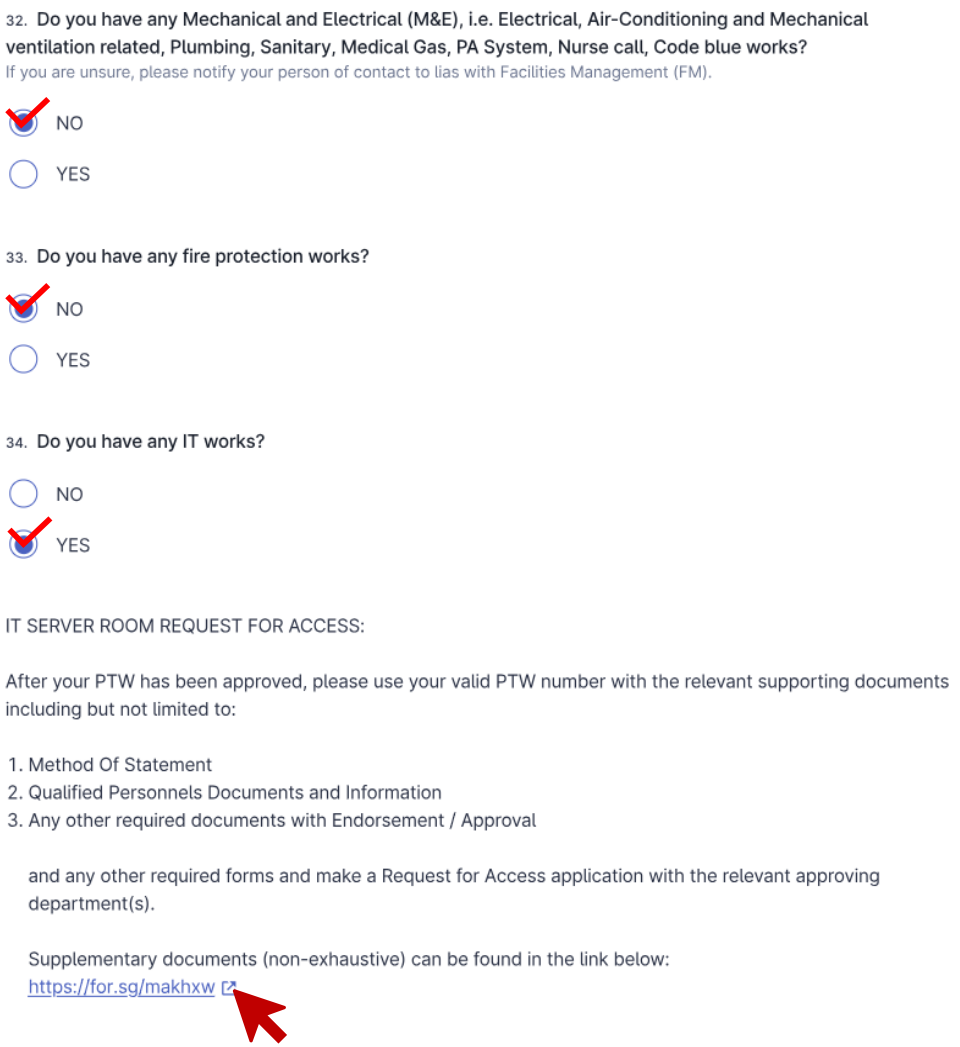
* To declare in good faith of any HIGH RISK works. High Risk works will involve additional documents to be submitted separately to the relevant subject matter experts

* Applicants are responsible for thoroughly verifying that any items marked as "NO" are genuinely not occurring or being performed

SAMPLE

CLICK HERE
To download additional HIGH RISK documents to submit separately

PTW Renewal



32. Do you have any Mechanical and Electrical (M&E), i.e. Electrical, Air-Conditioning and Mechanical ventilation related, Plumbing, Sanitary, Medical Gas, PA System, Nurse call, Code blue works?
If you are unsure, please notify your person of contact to lias with Facilities Management (FM).

- [x] NO
- [ ] YES

33. Do you have any fire protection works?

- [x] NO
- [ ] YES

34. Do you have any IT works?

- [ ] NO
- [x] YES

IT SERVER ROOM REQUEST FOR ACCESS:

After your PTW has been approved, please use your valid PTW number with the relevant supporting documents including but not limited to:

1. Method Of Statement
2. Qualified Personnels Documents and Information
3. Any other required documents with Endorsement / Approval

and any other required forms and make a Request for Access application with the relevant approving department(s).

Supplementary documents (non-exhaustive) can be found in the link below:
https://for.sg/makhxw

* Click the link to find relevant documents / templates / forms to be filled up and **submitted separately for approval**

* Applicants are responsible for thoroughly verifying that any items marked as "NO" are genuinely not occurring or being performed

* Items marked as "YES" will prompt a download link for the additional supporting documents to apply for the additional permits

* These items as declared will be Required to be reflected both in MOS and Risk Assessment. The required skilled worker must also be included in the list of workers and their certification to be submitted

SAMPLE

35. **Statement of Accuracy and Responsibility**

Affirmation of Truthful Submission and Acknowledgment of Sole Accountability for Provided Information

☑ I, the applicant, affirm that the information provided herein is declared in good faith and to the best of the applicant's knowledge. The applicant acknowledges that any errors, omissions, or discrepancies in the information submitted shall be their sole responsibility, and may be subjected to review or corrective action as deemed necessary by the relevant authorities.

* To declare in good faith of any HIGH RISK works

E) Declaration by Applicant (Contractor / Vendor)

Applicant refers to contractor or vendor filing up this form.

36. **Safety Assurance Declaration**

Confirmation of Implementation and Ongoing Responsibility for Safety Measures as Outlined in Section D.
Refer to Applicant Details in Section B, Point 8 to 11.

☑ I , the applicant, hereby confirm that all necessary safety measures, including the checks mentioned in Section D are in place and the Applicant shall be responsible for ensuring that these safety measures remain in effect throughout the period of the project.

IMPORTANT:

Applicants/Contractors/Vendors understand and acknowledge that the requirements set out in this application do not replace or in any manner reduce the Contractor's/Vendor's obligations and responsibilities under the Agreement or excuse the Contractor/Vendor from complying with applicable law and regulations, i.e., Workplace Safety and Health, WSH Act, WSH (Risk Management) Regulations, WSH (Incident Reporting) Regulations, WSH (Work-at-Heights) Regulations, WSH (Confined Spaces) Regulations, WSH (General Provisions) Regulations and other related legal requirements.

Submit now

PTW Renewal

* Applicants to declare in good faith

* The application process is expected to take approximately 15 business days for approval. Please make sure your submission is thorough and accurate to facilitate a seamless approval. Any errors or omissions may require you to resubmit the application.

PTW Renewal

After Submission,

1. PTW Renewal approval typically takes about 5 working days. Upon approval, copies will be sent to the Requesting Department, Appointed Vendor/Contractor (Applicant), Security, and the WSH Manager.
2. Vendors/Contractors must present two hard copies of the approval email, the Worker and Visitor list, and valid work passes at the Security office to obtain access passes.
3. Inspections may occur at any time before and during the work. Failure to comply will lead to a stop work order and any additional actions deemed necessary.



Things to note:

1. There will be harsh penalties imposed should people be found to be exploiting / trying to exploit the system. Penalties include but are not limited to fines, suspensions and debarment etc.

2. Safety is your personal responsibility.

3. Please cater sufficient time for the approval process. In the event your submission is rejected, the application process will restart. Proactive planning is highly recommended to ensure smoother collaboration and timely outcomes.

GOOD LUCK!



Thank you.

NUHS
National University Health System

National University Hospital
Ng Teng Fong General Hospital
Alexandra Hospital
Tengah General and Community Hospital
Jurong Community Hospital
National University Polyclinics
Jurong Medical Centre
National University Cancer Institute Singapore
National University Heart Centre Singapore
National University Centre for Oral Health Singapore
NUHS Diagnostics
NUHS Pharmacy

NUHS National University Health System | Regional Health System Office
NUS National University of Singapore | Yong Loo Lin School of Medicine
NUS National University of Singapore | Faculty of Dentistry
NUS National University of Singapore | Saw Swee Hock School of Public Health