

## AFTER-HOURS NOTIFICATION

* Please complete all the below Part 1 - Details of Cont												*				
AHN Number * (For DACC Use Only)	DS-OI															
Contractor Name																
Contact Person																
Emergency Contact	(Na	me Print)	(Job Title)							(Mobile N	umber)					
(Name Print) (Job Title) (Mobile Number)  Part 2 — Details of Time Periods required for work after normal working hours.																
After-Hours Work Timing	1 6110	Jus 1	equi	red for v	workarter normal working noars.						3.					
<u> </u>				(Date Start)			(Time Start)				(Date St	(Time Stop)				
Part 3 - Details of works to be conducted after normal working hours.  General Construction Material Handling & Testing Maintenance Office / Clerical Transport Other  (Mark appropriate block with "X". If task is not indicated, list the activity in the "Other" box)																
Dubai South Permit to Wor	riate.	· · · · · · · · · · · · · · · · · · ·								npowe	-					
After-Hours Works Location																
Reason for After-Hours works																
Part 4 – Details of OHSSE precautions for works to be conducted after normal working hours. Indicate all the basic OHSE precautions that will be in place for above listed works by marking the appropriate blocks below with "X", noting that all items marked "Yes" must be available for inspection at work place.																
Confirm	Yes	No	N/A Confirm					Yes	No	N/A	Confirm			Yes	No	N/A
Risk Assessed for After-Hours				Work Notif					Site Security precautions in place							
Safety Officer(s)			First Aider  Emergency contact numbers								First Aid Eq Access and		utes			
Fire Fighting Equipment  Warning Signs and barricade			displayed								Demarcated	t				
In place			Warning Lights								task specific lux level)  All Illumination facing away from					
Valid passes for all staff  Hot Works (with valid hot work			PPE for all staff								all Aviation	Operation	ins			
permit)			Power tools with valid dispensation  After-Hours Work training /								registered, o	certified				
Transport Other -				Induction Other -							Training records  Other -					
	nrks r	rks notification acknowledgement <sup>2</sup>														
Contractor				Consultant			Area Emergeno			y Team <sup>3</sup>		Dubai South				
(Print name of person submitting)				name of pers	na)	U (Print name of person							t name of person recording)			
										,,,,,,,			,,,,	<i>3</i> /		
(Comments)				(Comme		(Commen							nments)			
(Contractor Stamp, signature & c	insultant stamp, signature & date)				(AET stamp, signature & date)						(Stamp, signature and date)					
1. Normal working hours for site 2. After-hours are all night work: 3. This form is only valid if Part E 4. Area Emergency Teams (AET) works the contractor must de; 5. Document flow: Contractor to Department for final approva; 6. Always keep a completed cop 7. Contractor to ensure that pro	s from 1 5 has be are Pro ploy an 5 comple 1 & stam by of this	8:00 to en sign ject who active a ete Pari iping. s permi	06:00 ed by de serv AET or ts 1 to	the next mo all four indic vices providi link to local 5 of the form e with the w	orning every cated parties ing emergen I other Emer m - deliver t vork party.	y day of s s; ncy respongency So to Consu	the wee onse suc ervices i iltant Ol	k, Fric h as th n plac HSSE I	lays ar ne Rap e. Depart	nd any old Res tment t	declared Pub ponse Team for completio	(RRT). W	here RRT do	es not	cover	the

