

<b>STAGE 1: APPLICATION BY HOT WORK SUPERVISOR</b>	<b>OMC Permit No:</b>	<b>Daily Endorsement by Hot work Supervisor</b>																																																																											
Description of work:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">Day 2</th></tr> <tr><td>Date</td><td></td></tr> <tr><td>Time</td><td></td></tr> <tr><td>Name</td><td></td></tr> <tr><td>Signature</td><td></td></tr> </table>	Day 2		Date		Time		Name		Signature																																																																		
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**STAGE 2 : EVALUATION BY SAFETY ASSESSOR (HOT WORK TRADE)**

I have inspected and confirmed that the recommended safety measures are in place. I have perform gas testing of the mentioned hot work area and the result of the test is reflected below:

	Oxygen	Flammable Gas	Toxic Gas	Other Toxic Gas
Result of Gas Testing				
Permissible Entry Level	19.5 % - 23.5%	Less than 10% LEL	Refer to First Schedule of WSH (G P) Regulation	

Remarks (if any): \_\_\_\_\_

The hot work area is:  Fit For Work  Not Fit For Work.

\_\_\_\_\_  
Designation / Name                      Signature                      Date & Time                      Company/ Department                      Contact no

**STAGE 3 : APPROVAL BY CAPTAIN / CHIEF ENGINEER**

I hereby confirm that all of the below mentioned safety requirements are complied with prior to commencing and throughout the duration of the hot work.

1. The hot work area, its adjacent confined space and surrounding are free of combustible /flammable material and gases.
2. There are no incompatible works being carried out.
3. All relevant documents stated in Stage 1 have been received.
4. The intended work area is fit for hot work activities.
5. There are no transferring / bunkering of flammable/toxic cargo and opening/dismantling of its related system
6. The hot work activities are co-coordinated with the applicant for a safe operation.

Additional safety precautions if any: \_\_\_\_\_

\_\_\_\_\_  
Designation / Name                      Signature                      Date & Time                      Company/ Department                      Contact no

**STAGE 4 : APPROVAL BY AUTHORIZED MANAGER**

I am satisfied that:

- (a) there has been a proper evaluation of the risks and hazards in carrying out the work;
- (b) there are no incompatible works which may pose risk to the safety and health of persons who will be carrying out hot work at the mentioned areas;
- (c) all reasonably practicable measures will or have been taken to ensure the safety and health of persons who will be performing the hot work activity; and
- (d) all persons who will be carrying out the hot work are informed of the hazards associated with the work.

Remarks (if any): \_\_\_\_\_

The hot work activity is:  Approved  Rejected.

\_\_\_\_\_  
Designation / Name                      Signature                      Date & Time                      Company/ Department                      Contact no



**Daily Gas Monitoring Record by Hot work Assessor**

<b>TANK DETAILS</b>						
<b>Day 1</b> Date: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
<b>Name of Gas Checker</b>						
<b>Signature</b>						
<b>TANK DETAILS</b>						
<b>Day 2</b> Date: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
<b>Name of Gas Checker</b>						
<b>Signature</b>						
<b>TANK DETAILS</b>						
<b>Day 3</b> Date: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
<b>Name of Gas Checker</b>						
<b>Signature</b>						
<b>TANK DETAILS</b>						
<b>Day 4</b> Date: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
<b>Name of Gas Checker</b>						
<b>Signature</b>						
<b>TANK DETAILS</b>						
<b>Day 5</b> Date: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
<b>Name of Gas Checker</b>						
<b>Signature</b>						
<b>TANK DETAILS</b>						
<b>Day 6</b> Date: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
<b>Name of Gas Checker</b>						



Signature						
<b>TANK DETAILS</b>						
Day 7 Date: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						