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							Daily En	dorsement	
STAGE 1: APPLICATION BY CONFINE SPACE SUPERVISOR / MANHOLE SUPERVISOR			OMC Permit No:				by		
							Confin	ed Space/	
							Manhole	Manhole Supervisor	
Description of work:			Sketch of the area wi	thin the co	nfined spa	ice where entry	,	ay 2	
			is to be made or work	to be cond	ucted.		Date	Ì	
							Time		
							Name		
							Signature		
Work Lo	ocation :						Г	Day 3	
Start Da	ate & Time:	End Date & Time:					Date		
							Time		
I shall e	nsure compliance	with the below mentioned requi	rements prior to the co	mmenceme	ent and du	ring the work in	Name		
the confined space.							Name		
No	Requirements			Yes	No	N/A	Signature		
1	Is there adequat	e lighting and ventilation provide	d?				<u> </u>		
2	Is the permit and	d entry signboard displayed prom	inently?				Г	Day 4	
3	Is the escape rou	ute free from obstruction?					Date		
4	Is there at leas	t one portable gas meter carry	by entrant while in				Time		
4	confined space?						Name		
_	Is there portable	e working torchlight carry by e	ntrant while confined				Signature		
5	space?						Signature		
6	Is the entrant eq	uipped with proper PPE?							
7	Is the Risk Ass	sessment developed for the int	tended work? Please					Day 5	
,	attach.						Date		
	Have the entra	nts undergone relevant training	g? Please attach the				Time		
	following certific	cate.					Name		
8	() V	Valid SOC Manhole for Worker	/ Perform Work in				Signature		
	Confined Space Operation								
	()Val	lid SOC Manhole for Supervisor	/ Supervise Work in				_) ()	
	Confined Space (Operation						Day 6	
		d space attendant appointed at th	e entrance/exit of the				Date		
	confined space?						Time		
9							Name		
							Signature		
							-	lov 7	
10		g conducted to all the entrants?					Date	Day 7	
11	•	n developed and rescue equipme	nt available?					 	
12	Remark (if any)]		Time	<u> </u>	
							Name		
							Signature		



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Designation / Name	Signature	Date & Time	e Company/ Departm	nent Contact no	
-					
STAGE 2 : EVALUATION	ON BY CONFINE	SPACE SAFETY A	ASSESOR		
I have inspected and con	firmed that the rec	ommended safety n	neasures are in place. I ha	ave perform gas testing of t	the
mentioned confined space	e and the result of	the test is reflected	below:		
	Oxygen	Flammable Gas	Toxic Gas	Other Toxic Gas	
Result of Gas Testing					
Permissible Entry	19.5 % - 23.5%	Less than 10%	Refer to First Schedule o	of WSH (G P) Regulation	
Level		LEL			
Remarks (if any):					
r					
The confined space is:	Fit For Entr	у /	Not Fit For Entry.		
Designation / Name	Signature	Date & Time	e Company/ Departm	nent Contact no	
STAGE 4 : APPROVAL			е сопірану/ Берагін	Tent Contact no	
I am satisfied that:	. DI AOTHORIZE	DIVIAIVAGEN			
(a) there has been a prop	er evaluation of the	risks and hazards in	n carrying out the work		
				ersons who will be enterin	ıg /
working inside the con		, poss risk to th	in income and reality of po	and the second	0/
_		or have been taken	to ensure the safety and	health of persons who will	be
entering / working insi				,	-
			space are informed of the	e hazards associated with t	the
work.					
Remarks (if any):					
The entry of the confined	space is:	Approved	/ Rejecte	d.	
Designation / Name	Signature	Date & Time	e Company/ Departm	nent Contact no	
STAGE 4 : NOTIFICATIO	N OF COMPLETIO	ON / TERMINATIO	N OF WORK BY CONFIN	NE SPACE SUPERVISOR	



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This permit ha						
•	s been terminat	ed for the followin	ng reasons:			
	Work completio	n Car	nceled On Date	& Time:		
Remarks (if an	y):					
						-
Designation /	/ Name	Signature	Date & Time	Company/ Departm	nent Contact no	
STAGE 5: AC	CKNOWLEDGI	EMENT BY OM	IC SHE DEPARTM	IENT		
I acknowledge	that the permit	is closed and is re	eturned back to OM	C SHE Department.		
						-
Designation /	/ Name	Signature	Date & Time	Company/ Departm	nent Contact no	
			VALIDATION / C	HANGE PERMIT HOLD	DER	
			OF THE SITE CONDIT R THIS WORK PERM		D AND THAT THE SAFETY PR	ECAUTIONS WILL BE
DATE	TINAL	NAME			SIGNIA	TUDE
DATE	TIME		NAIVIE		SIGNA	IIUKE
DATE	TIME		NAME		SIGNA	IIOKE
DAIL	THVIE		NAME		SIGNA	NORE
DATE	TIIVIE	VALIDATIO		PRKING UNDER THIS P		NORE
			DN OF PERSONS WO			
PERSONS WO	PRKING UNDER T	THIS PTW CONFIR	DN OF PERSONS WO	/E BEEN BRIEFED ON 1 ARE THAT THEY WILL	ERMIT TO WORK THE FULL SCOPE OF WORK, A ABIDE BY THE STATED WORK	TTENDED THE TOOL BOX
PERSONS WO MEETING, PA PERSONS UNI	PRKING UNDER 1 RTICIPATED IN 1 DER THIS PTW A	THIS PTW CONFIR	ON OF PERSONS WO MS THAT THEY HAV MALYSIS AND DECL OR THE SOLE PURPO	/E BEEN BRIEFED ON 1 ARE THAT THEY WILL	ERMIT TO WORK THE FULL SCOPE OF WORK, A ABIDE BY THE STATED WORK DECLARED WORK ACTIVITY.	TTENDED THE TOOL BOX
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Daily Gas Monitoring Record by Confine Space Assessor

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



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Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						
TANK DETAILS						
Day 7 Date:	Time:	Time:	Time:	Time:	Time:	Time:
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Cara Observation						
Name of Gas Checker						