

STAGE 1: APPLICATION BY CONFINED SPACE SUPERVISOR / MANHOLE SUPERVISOR	OMC Permit No:																																																																		
Description of work: Work Location : Start Date & Time: End Date & Time:	Sketch of the area within the confined space where entry is to be made or work to be conducted.	Daily Endorsement by Confined Space/ Manhole Supervisor																																																																	
I shall ensure compliance with the below mentioned requirements prior to the commencement and during the work in the confined space.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr><th colspan="2" style="background-color: #cccccc;">Day 2</th></tr> </thead> <tbody> <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> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr><th colspan="2" style="background-color: #cccccc;">Day 3</th></tr> </thead> <tbody> <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> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr><th colspan="2" style="background-color: #cccccc;">Day 4</th></tr> </thead> <tbody> <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> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr><th colspan="2" style="background-color: #cccccc;">Day 5</th></tr> </thead> <tbody> <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> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr><th colspan="2" style="background-color: #cccccc;">Day 6</th></tr> </thead> <tbody> <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> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr><th colspan="2" style="background-color: #cccccc;">Day 7</th></tr> </thead> <tbody> <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> </tbody> </table>	Day 2		Date		Time		Name		Signature		Day 3		Date		Time		Name		Signature		Day 4		Date		Time		Name		Signature		Day 5		Date		Time		Name		Signature		Day 6		Date		Time		Name		Signature		Day 7		Date		Time		Name		Signature						
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Designation / Name	Signature	Date & Time	Company/ Department	Contact no

STAGE 2 : EVALUATION BY CONFINED SPACE SAFETY ASSESSOR

I have inspected and confirmed that the recommended safety measures are in place. I have perform gas testing of the mentioned confined space 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 confined space is: Fit For Entry / Not Fit For Entry.

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 entering / working inside the confined space;
- (c) all reasonably practicable measures will or have been taken to ensure the safety and health of persons who will be entering / working inside the confined space; and
- (d) all persons who will be entering / working in the confined space are informed of the hazards associated with the work.

Remarks (if any): _____

The entry of the confined space is: Approved / Rejected.

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

STAGE 4 : NOTIFICATION OF COMPLETION / TERMINATION OF WORK BY CONFINED SPACE SUPERVISOR

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 Gas Checker						
Signature						