STAGE 1. ADDITATION BY HOT WORK					Daily Endorsement			
STAGE 1: APPLICATION BY HOT WORK SUPERVISOR			OMC Permit No:				by	
SOFERVISOR							Hot work Supervisor	
Description of work:			Sketch of the area	where the	hot work	will be carried	Da	ay 2
			out.				Date	
Work Lo	ocation :						Time	
							Name	
Start Date & Time: End Date & Time:							Signature	
I shall e	nsure complian	ce with the below mentioned requirer	ments prior to the c	ommencen	nent of ho	t work	Da	ay 3
1 311011 C		te with the below mentioned requires		Unincheen		t work.	Date	
No	Requirements			Yes	No	N/A	Time	
		vicinity shall be free of flammable/tox	ic substances and				Name	
1		le works being carried out.					Signature	<u> </u>
2	Location of ho	t work has been clearly demarcated.						
2	Trained fire watchman is assigned for the work and equipped with							
3	firefighting eq					Date	ay 4	
	Fire Watchman deployed for the scope of works.							
4	NAME						Time	
	WP/IC No						Name	
5	Adequate light	ting and ventilation must be provided.					Signature	
6	Proper PPE are to be worn by the workers.							<u> </u>
7	Fitting/connections of gas hoses and cutting torch shall not be of						D	ay 5
	jubilee clip.						Date	
8	All hot work equipment must be inspected and are in good						Time	
	construction for safe usage.							
9		etylene cylinder in use shall be placed					Name	
		nd upright manner away from heat so					Signature	
10								
	arrestor. Prominent display of valid (Permit Validity: For Vessel - 7 days, Ground						Da	ay 6
11	- 3 days) perm	, vadys, Ground				Date		
		orkers who are in				Time		
12		f a valid SSIC (General) & (Ho					Name	
	pass/certificat					Signature		
13	Risk Assessme	nt to be conducted and submitted.						
12	Remark (if any	()						7
								ay 7
Desigr	ation / Name	Signature Date & 1	Time Company,	/ Departme	ent Co	ontact no	Time	
l							Signature	

ave inspected and confirmed that the recommended safety measures are in place. I have perform gas testing of the entioned hot work area and the result of the test is reflected below:           Oxygen         Flammable Gas         Toxic Gas         Other Toxic Gas           esult of Gas Testing					
Oxygen       Flammable Gas       Toxic Gas       Other Toxic Gas         lesult of Gas Testing       19.5 % - 23.5%       Less than 10% LEL       Refer to First Schedule of WSH (G P) Regulation         evel       19.5 % - 23.5%       Less than 10% LEL       Refer to First Schedule of WSH (G P) Regulation         evel       19.5 % - 23.5%       Less than 10% LEL       Refer to First Schedule of WSH (G P) Regulation         evel       19.5 % - 23.5%       Less than 10% LEL       Refer to First Schedule of WSH (G P) Regulation         evel       19.5 % - 23.5%       Less than 10% LEL       Refer to First Schedule of WSH (G P) Regulation         evel       19.5 % - 23.5%       Less than 10% LEL       Refer to First Schedule of WSH (G P) Regulation         evel       19.5 % - 23.5%       Less than 10% LEL       Not Fit For Work         marks (if any):					
Image: Comparison of the back methods were and server of the back methods were and the back methods were of the back methods were and the back methods were of the back methods and the back methods and the back methods were of the back methods and the back methods were and surrounding are free of the back methods were and the back methods were and the back methods were and the back methods were back methods were and the back methods were back methods were back methods were and the back methods were back methods and the back methods were and the back m					
iesult of Gas Testing       ister in the intended work area is fit for hot work activities.					
ermissible       Entry       19.5 % - 23.5%       Less than 10% LEL       Refer to First Schedule of WSH (G P) Regulation         evel       marks (if any):					
evel   marks (if any):					
marks (if any):					
e hot work area is: Fit For Work Not Fit For Work. Designation / Name Signature Date & Time Company/ Department Contact no AGE 3 : APPROVAL BY CAPTAIN / CHIEF ENGINEER ereby confirm that all of the below mentioned safety requirements are complied with prior to commencing and roughout the duration of the hot work. The hot work area, its adjacent confined space and surrounding are free of combustible /flammable material and ses. There are no incompatible works being carried out. All relevant documents stated in Stage 1 have been received. The intended work area is fit for hot work activities.					
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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.Additionalsafetyprecautionsifany:					
Designation / Name Signature Date & Time Company / Department Contact no					
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STAGE 5 : NOTIFICA	TION OF COM	PLETION / TERI	MINATION OF WORK	BY HOT WORK					
SUPERVISOR									
I confirm that all work is complete and the work place is in a clean safe condition, I have instructed the work party that									
the work is complete and the	he permit is now can	celled.							
Work completion Canceled On Date & Time :									
Remarks (if any):									
. ,,									
Designation / Name	Signature	Date & Time	Company/ Department	Contact no					
STAGE 6: ACKNOWLEE	DGEMENT BY ON	IC WSH DEPARTI	MENT						
I acknowledge that the per	mit is closed and is re	eturned back to OM	C WSH Department.						
Designation / Name	Signature	Date & Time	Company/ Department	Contact no					

## VALIDATION / CHANGE PERMIT HOLDER

THE PERMIT HOLDER CONFIRMS THE SCOPE OF THE SITE CONDITIONS ARE UNCHANGED AND THAT THE SAFETY PRECAUTIONS WILL BE								
OBSERVED BY ALL PERSONS WORKING UNDER THIS WORK PERMIT								
DATE	SIGNATURE							

VALIDATION OF PERSONS WORKING UNDER THIS PERMIT TO WORK

PERSONS WORKING UNDER THIS PTW CONFIRMS THAT THEY HAVE BEEN BRIEFED ON THE FULL SCOPE OF WORK, ATTENDED THE TOOL									
BOX MEETING, PARTICIPATED IN THE JOB SAFETY ANALYSIS AND DECLARE THAT THEY WILL ABIDE BY THE STATED WORK CONDITIONS.									
THE PERSONS UNDER THIS PTW ARE APPOINTED FOR THE SOLE PURPOSE FOR THE ABOVE DECLARED WORK ACTIVITY.									
DATE	TIME	NAME	Designation	SIGNATURE					

## Daily Gas Monitoring Record by Hot work Assessor

TANK DETAILS						
Day 1 Date:	Timo:	Timo:	Time:	Timo:	Time:	Time:
	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:	
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						
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Document No: JPPL-EHS-19-03-F-01 Revision No: 03

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						