



STAGE 1: APPLICATION BY HOT WORK SUPERVISOR		OMC Permit No:	Daily Endorsement by Hot work Supervisor		
Description of work:		Sketch of the area where the hot work will be carried out.		Day 2	
Work Location :				Date	
Start Date & Time: End Date & Time:				Time	
				Name	
				Signature	
I shall ensure compliance with the below mentioned requirements prior to the commencement of hot work.					
No	Requirements	Yes	No	N/A	
1	The hot work vicinity shall be free of flammable/toxic substances and no incompatible works being carried out.				
2	Location of hot work has been clearly demarcated.				
3	Trained fire watchman is assigned for the work and equipped with firefighting equipment.				
4	Fire Watchman deployed for the scope of works. NAME _____ WP/IC No _____				
5	Adequate lighting and ventilation must be provided.				
6	Proper PPE are to be worn by the workers.				
7	Fitting/connections of gas hoses and cutting torch shall not be of jubilee clip.				
8	All hot work equipment must be inspected and are in good construction for safe usage.				
9	All oxygen/ acetylene cylinder in use shall be placed on the wharf/pier in a secured and upright manner away from heat source.				
10	Cutting torches/cylinder must be equipped with authorized flashback arrestor.				
11	Prominent display of valid (Permit Validity: For Vessel - 7 days, Ground - 3 days) permit at work sites.				
12	Hot work must be carried out strictly only by workers who are in possession of a valid SSIC (General) & (Hot Work trade) pass/certificate				
13	Risk Assessment to be conducted and submitted.				
12	Remark (if any)				
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Designation / Name</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Signature</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Date & Time</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Company/ Department</div> <div style="width: 15%; border-top: 1px solid black; text-align: center;">Contact no</div> </div>					<div style="text-align: center; background-color: #cccccc; padding: 5px;">Day 3</div> <div style="padding: 5px;">Date</div> <div style="padding: 5px;">Time</div> <div style="padding: 5px;">Name</div> <div style="padding: 5px;">Signature</div>
					<div style="text-align: center; background-color: #cccccc; padding: 5px;">Day 4</div> <div style="padding: 5px;">Date</div> <div style="padding: 5px;">Time</div> <div style="padding: 5px;">Name</div> <div style="padding: 5px;">Signature</div>
					<div style="text-align: center; background-color: #cccccc; padding: 5px;">Day 5</div> <div style="padding: 5px;">Date</div> <div style="padding: 5px;">Time</div> <div style="padding: 5px;">Name</div> <div style="padding: 5px;">Signature</div>
					<div style="text-align: center; background-color: #cccccc; padding: 5px;">Day 6</div> <div style="padding: 5px;">Date</div> <div style="padding: 5px;">Time</div> <div style="padding: 5px;">Name</div> <div style="padding: 5px;">Signature</div>
					<div style="text-align: center; background-color: #cccccc; padding: 5px;">Day 7</div> <div style="padding: 5px;">Date</div> <div style="padding: 5px;">Time</div> <div style="padding: 5px;">Name</div> <div style="padding: 5px;">Signature</div>

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

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: _____
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: _____
Oxygen Level (%)						
Flammable Gas / Vapour (ppm)						
Toxic Gas / Vapour (ppm)						
Name of Gas Checker						
Signature						