

STAGE 1: APPLICATION BY CONFINED SPACE SUPERVISOR / MANHOLE SUPERVISOR		OMC Permit No:			Daily Endorsement by Confined Space/ Manhole Supervisor	
Description of work:		Sketch of the area within the confined space where entry is to be made or work to be conducted.			Day 2	
Work Location :					Date	
Start Date & Time:	End Date & Time:				Time	
I shall ensure compliance with the below mentioned requirements prior to the commencement and during the work in the confined space.					Day 3	
No	Requirements	Yes	No	N/A	Date	
1	Is there adequate lighting and ventilation provided?					
2	Is the permit and entry signboard displayed prominently?					
3	Is the escape route free from obstruction?					
4	Is there at least one portable gas meter carry by entrant while in confined space?					
5	Is there portable working torchlight carry by entrant while confined space?					
6	Is the entrant equipped with proper PPE?					
7	Is the Risk Assessment developed for the intended work? Please attach.					
8	Have the entrants undergone relevant training? Please attach the following certificate. () Valid SOC Manhole for Worker / Perform Work in Confined Space Operation () Valid SOC Manhole for Supervisor / Supervise Work in Confined Space Operation					
9	Is there confined space attendant appointed at the entrance/exit of the confined space? Name: _____ NRIC/Fin No. : _____					
10	Is the JSA briefing conducted to all the entrants?					
11	Is the rescue plan developed and rescue equipment available?					
12	Remark (if any)					
_____	_____	_____	_____	_____	_____	
Designation / Name	Signature	Date & Time	Company/ Department	Contact no		
					Day 4	
					Date	
					Time	
					Name	
					Signature	
					Day 5	
					Date	
					Time	
					Name	
					Signature	
					Day 6	
					Date	
					Time	
					Name	
					Signature	
					Day 7	
					Date	
					Time	
					Name	
					Signature	

STAGE 2 : EVALUATION BY CONFINE SPACE SAFETY ASSESOR

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 CONFINE SPACE SUPERVISOR

This permit has been terminated for the following reasons:

Work completion Canceled On Date & Time : _____

Remarks (if any): _____

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

STAGE 5 : ACKNOWLEDGEMENT BY OMC SHE DEPARTMENT

I acknowledge that the permit is closed and is returned back to OMC SHE 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	TIME	NAME	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 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: _____
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						