

# CONFINED SPACE PERMIT

This Permit is required for any temporary operation involving confined spaces. This includes but not limited to, water tanks, tunnels, deep excavations, vessels, drainages, pipeline, restricted work area.

<b>Project Name:</b>	<b>Permit No.</b>
<b>Specific Location (Gridlines):</b>	<b>DATE OF ISSUE:</b>
	<b>TIME OF ISSUE:</b>

**Approved MSRA Reference No.**

<b>Work Description</b>	<b>Hazards / Risk involved (as per MSRA)</b>

<b>List of Equipment, Tools, Machinery to be used (specify voltage):</b>	<b>NAME OF CONTRACTOR:</b>
	<b>NAME OF RESPONSIBLE SUPERVISOR:</b>
	<b>NAME OF ENTRY ATTENDANT / STANDBY MAN</b>
	<b>NAME OF JOB PERFORMER</b>
	<b>NAME OF GAS TESTER</b>
	<b>SHIFT VALIDITY</b> Day <input type="checkbox"/> Night <input type="checkbox"/> Both <input type="checkbox"/>

Required Precaution Checklist				Yes	No	Na	PPE REQUIREMENTS		Initial Gas Testing (Mandatory for Class -A hazardous area)				
1	Method Statement Complied						Overall		Date / Time	Oxygen	Temp.	H2S	Carbon Monoxide
2	Risk Assessment Complied						Safety Shoes		0700 hrs				
3	Personnel trained for work Confined Space						High Vis Vest		0900 hrs				
4	Personnel trained in Emergency Procedures						Hard Hat		1300 hrs				
5	Standby SCBA Available						Safety Harness		1500 hrs				
6	Stand by man appointed						Life Line		1700 hrs				
7	Stand by man trained and identified						Self contained BA		2100 hrs				
8	Adequate and safe access provided						Other (specify):		2300 hrs				
9	Safe working platform provided								0300 hrs				
10	Adequate illumination provided												
11	Relevant Safety Sign Posted												
12	Mechanical air movers / ventilation												
13	Confined space temperature acceptable												
14	No accumulation of hazardous gas												
15	Gas testing (specify below)												

## Gas Testing and Monitoring Required:

Yes ☐ No ☐

Note: Gas testing to be performed by competent individual

**EXPIRY DATE:**

**EXPIRY TIME:**

**Name of Issuer and Signature:**

**Name of Receiver and Signature :**

By accepting this work permit the receiver undertakes to fully comply with the requirements and takes full responsibility for the deviations / non compliance caused by him.

**Other Precautionary Measures:**

[illegible][illegible][illegible]

PERMIT CANCELLATION	
Date :	Time:
Cancelled by:	Sign
Reason:	

PERMIT EXTENSION	
Date:	Time:
Authorized by:	Sign

PERMIT CLOSE-OUT	
Date	Time
Receivers Signature:	Issuers Signature