

Period of validity (Date & Time)	Date From: ____/____/____ To: ____/____/____ Hours: _____		Permit No: _____
Note: This permit is valid for a maximum period of eight (8) hours			
Name / location of enclosed space			
Reason for entry into enclosed space			
Section 1 – Pre-entry preparation (to be checked by the responsible officer)			Yes No N/A
Has the space been thoroughly ventilated by mechanical means?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has the space been segregated by blanking off or isolating all connecting pipelines or valves and electrical power/equipment?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has the space been cleaned where necessary?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has the space been tested and found safe for entry? <small>Samples should be taken from several levels and through as many openings as possible. Ventilation should be stopped for about 10 minutes before pre-entry atmosphere tests are taken. Test for specific toxic gases (such as benzene or hydrogen sulphide) should be undertaken depending on the nature of the previous contents of the space.</small>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Date Time	Oxygen (> 20%, steady reading)	Hydrocarbon (< 1% LFL)	Toxic Gasses ppm (<50% OEL) Checked by: _____ (initials)
Have arrangements been made for frequent atmosphere checks to be made while the space is occupied and after work breaks?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Have arrangements have been made for the space to be continuously ventilated throughout the period of occupation and during work breaks?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are access and illumination adequate?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Is rescue and resuscitation equipment available for immediate use by the entrance to the space?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has a system of communications between all parties been tested and emergency signals agreed?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Personal gas meters provided to those entering the space (min 2)?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has an attendant been designated to be inconstant attendance at the entrance to the space?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has the officer of the watch (Bridge, ER, CCR) been advised of the planned entry?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Is all the equipment used in good working condition and inspected prior to entry?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are personnel wearing proper PPE and suitable equipped?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 2 - Pre-entry checks (to be checked by each person entering the space)			
I/we have received instructions or permission from the Master or responsible officer to enter the enclosed space?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 1 of this permit has been satisfactorily completed by the Master or responsible officer?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I/we agreed and understand the communication procedure			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
We have agreed upon reporting interval of _____ minutes (no more than 10 mins) by _____ (VHF, voice etc.)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emergency and evacuation procedures have been established, agreed and are understood. I/WE ARE AWARE THAT THE SPACE MUST BE VACATED IMMEDIATELY IN THE EVENT OF VENTILATION FAILURE OR IF ATMOSPHERE TESTS SHOW A CHANGE FROM AGREED SAFE CRITERIA			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Section 3 – Breathing apparatus and other equipment (to be checked jointly by the responsible officer and the person(s) who enter the space)			
Those entering the space are familiar with any breathing apparatus to be used			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The breathing apparatus has been tested as follows:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The means of communication have been tested and emergency alarm signals agreed?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If considered necessary, rescue harnesses and lifelines have been provided?			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Gauge and capacity of air supply	Yes <input type="checkbox"/> No <input type="checkbox"/>	Low pressure audible alarm	Yes <input type="checkbox"/> No <input type="checkbox"/> Face mask under positive pressure and not leaking Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4 – Approval

Signed upon completion of sections 1, 2 and 3 by:

Master or Responsible Officer:	Name:	Attendant:	Name:
	Signature:		Signature:
Persons entering the space: (to be completed by the responsible officer supervising the entry)	1. Name:	2. Name:	3. Name:
	Signature:	Signature:	Signature:
	Time in:	Time in:	Time in:
	Time out:	Time out:	Time out:
	4. Name:	5. Name:	6. Name:
	Signature:	Signature:	Signature:
	Time in:	Time in:	Time in:
	Time out:	Time out:	Time out:

Section 5 - Monitoring:

additional gas checks to be carried out every hour or when there is a break in the work of more than 30 mins. Ventilation should not be interrupted.

Time	Oxygen (> 20%, steady reading)	Hydrocarbon (should be less than 1% LFL)	Toxic Gasses ppm (<50% OEL)	Time	Oxygen (> 20%, steady reading)	Hydrocarbon (should be less than 1% LFL)	Toxic Gasses ppm (<50% OEL)

Is continuous ventilation being maintained at all times (if required)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the entrance to the space continuously attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are reports received at regular intervals as agreed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS PERMIT IS RENDERED INVALID SHOULD VENTILATION OF THE SPACE STOP OR IF ANY OF THE CONDITIONS NOTED IN THE CHECKLIST CHANGE

Section 6 – Completion of work

(to be completed by the responsible officer supervising entry)

Date:	Time:	Yes <input type="checkbox"/>		No <input type="checkbox"/>	N/A <input type="checkbox"/>
Job completed and all equipment withdrawn					<input type="checkbox"/>
All personnel vacated the space and is accounted for?					<input type="checkbox"/>
Spaces secured against entry					<input type="checkbox"/>
Has the officer of the watch (Bridge, ER, CCR) been duly informed of completion of entry?					<input type="checkbox"/>
Signed on completion of Sections 5 and 6 by:					
Master or Responsible Officer		Date		Time	
Team leader		Date		Time	

Note: This form is to be filled in by hand and shall be completed by the persons involved in the planned work. Permits shall be given a number consisting of the 3-letter ship's code plus a 2 digit number (e.g. ARC/01) starting at "01" at the beginning of year. One copy is to be filled in on board. Retention period two (2) years