

OIL & GAS DEVELOPMENT COMPANY LIMITED



CONFINED SPACE/ VESSEL ENTRY PERMIT

WO No.....
WP S.No.....

Record TBT proceedings on back of the card copy

INITIATION

Permit Begins_____Hours Date_____

Permit Expires_____Hours Date_____

Extended upto_____Hours Date_____

Extended by_____

This permit authorizes Mr. _____

of _____ section, to perform the following work

At _____

NOTE: Tick Respective one 'Job Type'

☐

Corrective Maintenance

☐

Non Process Activity

☐

HSE Function

☐

Emergency Shut Down

☐

Project/ New Job

☐

Preventive Maintenance

☐

Routine Process Activity

☐

Modification

☐

Productive Analysis

☐

Annual Turn Around

PERODIC INSPECTION: (To be carried out before and during the work)

MEASUREMENT BY_____DATE_____

TEST INTERVAL	TIME	RESULT	TIME	RESULT	TIME	RESULT	TIME	RESULT	TIME	RESULT
% LEL										
%OXYGEN										
H ₂ S(ppm)										

SAFETY CHECKLIST

Tick 'Yes' or 'No' or 'NA' as applicable

1 Has the Tool Box Talk been conducted?

2 Has Worker received safety training?

3 Is electrically driven equipment disconnected?

4 Are electrical switches tagged?

5 Is the breaker locked and tagged?

6 Are all lines disconnected or blinded?

7 Are all valves closed and in-between bleeders opened?

8 Is the equipment depressurized, flushed and purged?

9 Is the atmosphere around (including wind direction, explosive gas leakage) suitable for entry?

10 Is the person fit for entry?

11 Is work site barricaded and warning signs posted?

12 Is any sludge or rust present?

13 Is the vessel cold enough to enter?

14 Is adequate ventilation and lighting (24 V) arranged?

15 Name of the Standby/Rescue/Fireman assigned

16 Protective Equipment required?

17 Is JHA required and attached to complete this job?

18 Who will monitor the operating conditions? _____

19 Fire Fighting Arrangements: _____

20 Personal Protective Equipment requirement

☐ Helmet

☐ Coverall

☐ Safety Shoes/Gum Boots

☐ Rubber/Cotton Gloves

☐ Goggles

☐ Gas Mask/ Respirator

☐ Dust Mask

☐ Face Shield

☐ Apron

☐ Ear Muffs/Plugs

☐ Full Body Harness/ Safety Belt

☐ SCBA

21 Special Instructions. _____

Authorization →

Permit Issue Authority

Relevant Section

Permit Receiving Authority

JOB COMPLETION

This entry-job has been completed and area has been cleared.

Date/Time_____

However the summary of "incidents" encountered during the job is given below:-

	Asset Damage	Environment Damage	Fatal	Non-Fatal	First Aid	Near Hits
(Tick/Cross)						
Description:						

Signed by
Permit Receiving Authority

Checked by
Relevant Section

Verified by
Permit Issue Authority

ALL WORK PERMIT AREAS ARE NON-SMOKING AREAS

CONFINED SPACE ENTRY LOG

Designated Attendant:

Relief Attendant(s): (1)
 -2
 -3

Entrant's Name	Company	In	Out	In	Out	In	Out	In	Out
1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									

Comments Regarding Confined Space or Entrants: