Al Qana Property Management

CONFINED SPACE ENTRY PERMIT

Permit No: (Concern Dept.)

SECTION 1 – Specification of Work (Filled by Responsible Person/ Activity Engineer or Supervisor)

Description of Work:		**Responsible Person**	**Name**	
SPECIFIC WORK LOCATION:			**Phone No.**	

Type of Work to be Done: (Check One)

☐ Hot Work ☐ Cold Work ☐ Inspection ☐ RT/NDT

If Hot Work Please, Attached Hot Work Permit No. _____

PERMIT VALIDITY: {This permit is valid for ten (8) hours - work shift only.}

Work Begins At:	Work Expires At:	Work Extended:	Signature:
Date:_____	Date:_____	Date:_____	_____
Time:_____	Time:_____	Time:_____	By Permit Issuer

SECTION (2) PRECAUTIONARY MEASURES: To be filled up by Responsible Person	**YES**	**NO**
A. Proposed worked checked with supervisor/engineer/employee in charge.		
B. Standby fire protection equipment and fire watch required.		
C. Precautions taken against release of vapors, gas, product, or other contaminants/hazardous materials.		
D. Lockout/Tagout of valves, electric, hydraulic, mechanical, steam or air activated equipment.		
E. Lines, Valves, Vessels, Equipment, etc. # Depressured or pressure reduced to safe level. # Drained or purged. # Vapor free or inerted. # Valves closed. # Blinded, blanked or double blocked & bled.		
F. Sewer and pipe openings covered or protected.		
G. Gage glass columns, pressure relief and sample lines drained, closed, protected or disconnected.		
H. Ventilation equipment installed.		
I. Proper means of access or egress available.		
J. Entrants, standby and entrant supervisor identified.Log sheet available.		
K. Emergency rescue and method of notification provided.		
L. MSDB/MSDS's reviewed and workers trained for physical/health hazards.		
M. Welding or cutting equipment; safely grounded, sparks and flash back arrestor protected.		
N. Special warning/caution/barriers/signs posted.		
O. Personal protective equipment required as checked below: (see MSDB/MSDS) rubber boots, apron safety shoes, hard hat, coveralls, safety shower, goggles, eyewash. RESPIRATOR: scba cartridge supplied air, safety harness/lifeline, safety glasses,face shield.		
This acknowledges that above items marked "YES" have been satisfied prior to the start of work and will continue in effect throughout the course of work specified in this permit. **Signature of Responsible Person:**.....		

SECTION (3) VAPOR/ EXPOSURE/GAS TEST: If not required, mark "N/A"

Atmosphere Reading	AM	PM	Time	Monitored By:
O_2				
LEL				
H_2S				
Other				

SECTION 4 - DAILY PERMIT REVALIDATION

I declare that all requirements are in place and all required tests are done (if required) before work commence.

	Name	1st	2nd	3rd	4th	5th	6th	7th
		Dt:	Dt:	Dt:	Dt:	Dt:	Dt:	Dt:
Responsible Person								
Issuing Authority								

SECTION (5) AUTHORIZATION

Permit Issuer:	Permit Receiver:	Permit Closed:
Issued on:	Date Received:	Date Closed:
Time	Time:	Time:
Signature:	Signature:	Signature:

NOTE: PERMIT IS VOID:

1) When Work Stopped for 1- 1/2 Hrs. 2) When Test Limits Exceeded Applicable Entry Limits. 3) Other

Original:Worksite Second Copy:HSE

Black&White Copy is not accepted