

Permit for Confined Space

Vessel Name				Helm number:				
Title of Task:				Date:				
Time Issued:				Time Expiry:				
Title of task sho	ould	be name of the confine	ed space followed by	a brief description	<mark>on of work.</mark>			
Use this naming		otocol as the Helm title a						
		Ex: " <mark>Chain Locker- Flake</mark>						
	•	ergy isolation are valid for	a 12 hour period only	. All permits and th	ieir tasks in Helm			
must remain ope	en ur	ntil the work is complete.	rk Description					
Briefly describe	Δ .	****	TR Description					
work to be dor								
		Positions	Printed names					
		Supervisor						
Entry Team		Entrant						
		Line attendant						
		Stand By Rescuer						
		Harness and cable lifeline Hard Hat						
		Oxygen monitor Safety Glasses						
PPE		SCBA if unsafe atmosphere Hearing Protection						
		Deck gloves Steel toed shoes						
		Other-						
Tools Needed								
Tools Needed								
		Will workers be able to	clearly see and hear	each other? Y	es / No			
		If no, how will they communicate?						
Communicatio	20	Hand Signals Radio Relay person/ runner						
Communicatio	115							
		SIMOPS discussion required? Yes / No						
		If yes, review with tear						
		If additional permits re	quired for this work,	list them here:				
Other Permits		If this words is continued from a greation of the continue of						
		If this work is continued from a previous permit, have all the new workers reviewed the JSA from the original permit? Yes / No						

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	Risk Assessment/ Job Safety Analysis (JSA)							
Supervisor		Printed	Name		Sign	ature		
conducting the JSA								
Meet with all pe	rsons	who will	be doing the work	. Break dow	n the	e task into steps. List	the	
hazards associat	ed wi	th each s	step, then list the a	ep, then list the actions you will take to mitigate the hazards.				
Has space been	forced	d air vent	tilated for at least 4	15 minutes?		Yes		
If NO—SCBA is F	REQUI	RED for	entrant!!					
Ventilation: St	art tir	ne	Stop T	Гіте				
			Gener	al Hazards	}			
Туре			Hazards		M	itigations	N/A	
Chemical		_ Flamma						
		Reactiv	e Irritating fumes				N/A	
		_ Skin irri	-				N / A	
	Corrosive							
Physical		Heat _	Cold					
		Noise					N / A	
-		='	e dust/ debris				NI / A	
Environmental		ere a risk ronment					N / A	
			Yes / No					
Steps			Hazards			Mitigations		

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Complete

Rescue Plan							
(REQUIRED)							
	Names and Initials of all posticinants						
Printed Name	Names and Initials of all participants Printed Name Initials Printed Name Initials					Initials	
					•		<u> </u>
Authorization to Start Work							
Roles		Printe	d Na	mes		Signatures	
Captain							
Chief Engineer							
					Vork Checks		
	Which	Which method was used to ensure air supply is safe to breathe? Oxygen detector was lowered to the bottom of the space					
D (2: -:	withou					-	A II G:
Before Starting	without alarm and will be attached to entrant for continual All Steps					All Steps	

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monitoring during work OR

_Entrant will use SCBA for air supply

_All members of entrance team in place

_Permit posted at entrance

Work



Post-Work Checks							
After Work is Complete		Permit copy removed from the work site Work area cleared of tools and supplies Affected persons notified work is complete Helm task includes notes about the job and is finished					
	Verification that Work is Complete						
Roles		Printed Names		Signatures			
Captain							
Chief Engineer							

File the completed, signed permit on the bridge in the TDI Binder System

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