

Bridge Memorandum #36: Change in Permits Procedure

Captains,

The Risk Reviews completed each month by certain vessels have shown a trend of copying and pasting the contents of the previous permit without making any edits.

As of today, permits may ONLY be hand written, not typed.

The permit forms in Helm have been updated to the new format. Delete all older permits from your systems.

Slowing down to pay attention to the details will ultimately save you time and benefit you in the long run.

Slow is smooth. Smooth is fast.

Dr. James Howell

HSE Director

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Permit for Confined Space

Vessel Name				Helm number:			
Title of Task:				Date:			
Time Issued:				Time Expiry:			
Title of task sh	ould	be name of the confine	ed space followed by	a brief description	<mark>on of work.</mark>		
Use this namin		otoco <mark>l as the Helm title a</mark>					
		Ex: " <mark>Chain Locker- Flake</mark>					
•	•	ergy isolation are valid for	a 12 hour period only	. All permits and th	eir tasks in Helm		
must remain ope	en ur	ntil the work is complete.	rk Description				
Briefly describe	Δ	****	TR Description				
work to be don							
		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-					
Table Needed							
Tools Needed							
		Will workers be able to	clearly see and hear	each other? Y	es / No		
		If no, how will they communicate?					
Communicatio		Hand Signals Radio Relay person/ runner					
Communicatio	1115						
		SIMOPS discussion req					
		If yes, review with team leaders of affected operations					
		If additional permits re	quired for this work,	list them here:			
Other Permits		If this work is continue	d from a provious po	rmit have all the	now workers		
		If this work is continued from a previous permit, have all the new workers reviewed the ISA from the original permit? Yes / No.					

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Risk Assessment/ Job Safety Analysis (JSA)							
Supervisor		Printed	Name		Sign	nature	
conducting the J	SA						
Meet with all pe	rsons	who will	be doing the work	k. Break dow	n the	e task into steps. List	the
hazards associate	hazards associated with each step, then list the actions you will take to mitigate the hazards.						ards.
Has space been f	Has space been forced air ventilated for at least 45 minutes? Yes						
If NO—SCBA is R	REQUI	RED for	entrant!!				
Ventilation: St	art tir	mo	Stop 7	- Timo			
ventilation. St	ai t tii						
Туре			Hazards	al Hazards		itigations	N/A
Chemical		Flamma			141	itigations	IV/A
		Reactiv					
		-	Irritating fumes				N / A
	Skin irritant						
Dhysical	Corrosive						
Physical	Heat Cold						N/A
	Noise Airborne dust/ debris						N / A
Environmental	Is th	ere a risk	c of an				N / A
	envi	ronment					
Steps			Yes / No Hazards			Mitigations	
oteps			Trazaras			iviitigations	

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Complete

Rescue Plan							
(REQUIRED)							
		N	lam	es and Ini	tials of all parti	cipants	_
Printed Name				Initials	Printed Name		Initials
			P	Authorizat	tion to Start Wo	ork	
Roles		Printe	d Na	mes		Signatures	
Captain							
Chief Engineer							
	Pre-Work Checks						
	Which					s safe to breathe?	
					owered to the bot	-	
Refore Starting	witho	vithout alarm and will be attached to entrant for continual				All Stans	

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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							

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Permit for Energy Isolation

Vessel Name			F	lelm number:				
Title of Task:				Date:				
Title of task sh	ould be	name of equipment / location foll	owed by	y a brief desci	iption of work.			
Use this namin	g proto	col as the Helm title as well.						
Ex: " Cran	e – Con	trols- Replace" or "Main Cori	ng Winc	h- Level wind	<mark>- Repair"</mark>			
All permits exce	pt energ	y isolation are valid for a 12 hour perio	d only. 🛭	All permits and	their tasks in Helm			
must remain op	en until 1	he work is complete.						
		Work Description	n					
Briefly describ	е							
work to be do	ne							
Names of Key	Ro	oles	Print	ted Names				
Personnel	Pe	rson doing the work						
reisonnei	Cł	ief Engineer						
		Steel toed shoes	Hard	d Hat				
		Deck gloves	 Face	e Shield				
PPE for all		Safety Glasses	 Part	iculate Mask				
personnel		Work Vest Hearing Protection						
		Other-						
	Will workers be able to clearly see and hear each other? Yes / No							
		If no, how will they communicate?						
		Hand Signals Radio Relay person/ runner						
Communication	ns =	Nana signaisNatioNetay person, runner						
	SII	SIMOPS discussion required? Yes / No						
		If yes, review with team leaders of affected operations						
		additional permits are required for		•	ere:			
		in additional permits are required for any work, list them here.						
Other Permits	lf ·	If this work is continued from a previous permit, have all the new workers						
		reviewed the JSA from the original permit? Yes / No						
	. 0			22 /				
		Risk Assessment/ Job Safe	tv Ana	lysis (ISA)				
		Printed Name	- y / tila	Signature				
Supervisor		Timted Name		Jigilature				
conducting the	e JSA							
Meet with all p	ersons	who will be doing the work. Break	down th	e task into ste	eps. List the			
hazards associa	ated wit	h each step. Then list the actions yo	ou will ta	ake to mitigate	e the hazards.			
		General Haza	rds					
Tial C D				at Name Inc.				
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Туре		Hazards		Mitigations	N/A
Chemical	Toxic /	able React Irritating fumes itant Corre			N / A
Physical	Noise	Cold ne dust/ debris			N / A
Environmental	Is there a risl spill? Yes /	k of an environm	ental		N / A
Steps		Hazards		Mitigations	
Names and Initials of all participants					
Printed Name		Initials	Printed Name		Initials

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			Authoriza	tion to Start Wo	ork	
Roles		Printe	ed Names		Signatures	
Permit User						
Chief Engineer						
	ire at le	east TV	VO signatures. *	*** If the Engineer	will perform the v	vork himself,
the Bridge Office	er on W	atch n	nust sign here:			
Bridge Officer O	f the W	atch _				
			Pre-	Work Checks		
	Equip	ment te	ested to be sure	it cannot be accide	entally activated?	
Refere Starting						All Ctons
Before Starting Work		d energy released?				All Steps Complete
WOIR			nis permit posted at work site?nis permit posted at work site?			Complete
	All tea	III IIIei	ilbers aware or t	nen responsibilitie	:2:	
			Post-	-Work Checks		
	Permi	t copy	removed from th	ne work site?		
After Work	Work	area cl	eared of tools ar	nd supplies?	<u></u>	All Steps
is Complete			d tags removed from equipment? Compl			Complete
	Machinery guards/ covers back in place?					
Verification that Work is Complete						
Roles		Printe	ed Names		Signatures	
Permit User						
Chief Engineer						

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Permit for Hot Work

Vessel Name				Helm number:		
Title of Task:				Date:		
Time Issued:				Time Expiry:		
Title of task sho	ould	be name of equipment	/ location followed	by a brief descrip	<mark>tion of work.</mark>	
	- .	otocol as the Helm title as				
		k- Weld tabs for contain			-	
•		ergy isolation are valid for a	a 12 hour period only.	. All permits and th	eir tasks in Helm	
must remain open until the work is complete.						
		Wor	k Description			
Briefly describe						
work to be don	1e					
		Roles	Printed Names			
Names of Key		Person doing the				
Personnel		work				
		Fire Watchman				
	Steel toed shoes Hard Hat					
		Welding Gloves		elding Helmet/ Fa	ice Shield	
PPE for all		Deck gloves		rticulate Mask		
personnel			ਜ€	earing Protection		
		Otner-				
	es					
Needed						
			•	each other? Y	es / No	
		If no, how will they communicate?				
Communication	ns	Hand Signals	Kadio	Relay person/ r	unner	
CIMADEC discouries and involve A New A New A						
	SIMOPS discussion required? Yes / No					
	If yes, review with team leaders of affected operations If additional permits required for this work, list them here:					
		ii additional periilits req	junicu ioi tilis work,	ווסג נווכווו וופופ.		
Other Permits		If this work is continued	from a previous pe	rmit have all the	new workers	
			•			
		Hand Signals SIMOPS discussion requ If yes, review with team	clearly see and hear municate? Radio ired? Yes / No leaders of affected juired for this work, from a previous pe	Relay person/ rooperations list them here: rmit, have all the		

Risk Assessment/ Job Safety Analysis (JSA)

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Name of supervisor conducting the JSA

Meet with all persons who will be doing the work. Break down the task into steps. List the hazards associated with each step. Then list the actions you will take to mitigate the hazards.

114241454556146	ea with each	step: Then hot the deti	ons you will to	ane to miligo	ace the ha	241 43.
		General I	Hazards			
Туре		Hazards		Mitigations		N/A
Chemical	Flamma Reactiv Toxic / Skin irr Corros	e Irritating fumes itant				N/A
Physical	Noise Airborr	Cold Wind ne dust/ debris				N / A
Environmental	Is there a risl environment	tal spill? Yes / No				N / A
Steps		Hazards		Mitigation	ıs	
Title of Documer	nt. Perm	it for Hot Work	Documen	t Number:		

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				ı	
		Names and Ini	tials of all partion	ipants	
Printed Name		Initials	Printed Name		Initials
Authorization to Start Work					
Roles	Printed Na	ames		Signatures	
Permit User					
Chief Engineer					
		Pre-\	Work Checks		
Before Starting Work	Flai	Watchman stand	from immediate a ing by with fire ext		All Steps Complete
<u>'</u>					
		Post-	Work Checks		
After Work is Complete	Permit copy removed from the work site Work area cleared of tools and supplies Fire Extinguisher returned to its place Affected persons notified work is complete			All Steps Complete	
	Helm task includes notes about the job and is finished Verification that Work is Complete				
Roles		Printed Names	iat WOIK IS COII	Signatures	
Permit User				J	
Chief Engineer					

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Permit for Working at Heights

Vessel Name				Helm number:			
Title of Task:				Date:			
Time Issued:				Time Expiry:			
	Title of task should be name of the location/ space followed by a brief description of work.						
Use this naming	- .	otocol as the Helm title as we					
All normits over		E x: " <mark>A-Frame-Stern-paint sh</mark> ergy isolation are valid for a 12					
		itil the work is complete.	nour period only.	All permits and ti	ien tasks in Heim		
·		·	escription				
Briefly describe							
work to be don	ne						
Names of Key		Roles	Printed Names				
Personnel		Person doing the work					
PPE		Climbing Harness Fall arrest/ cable lifeling Bucket to hold tools Lanyard to keep tools Type V PFD if working Other-	from falling	Safe Dec	d Hat ety Glasses k gloves el toed shoes		
Tools/ Supplies Needed	S						
Communication	ns	Will workers be able to clea If no, how will they commun Hand Signals SIMOPS discussion required If yes, review with team lead	nicate?Radio ? Yes / No	Relay person/ r	es / No unner		
Other Permits		If additional permits require If this work is continued from reviewed the JSA from the continued from the c	ed for this work, m a previous pe	list them here:	new workers		

Risk Assessment/ Job Safety Analysis (JSA)

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		Duinted	Mama		C:		
Supervisor	_	Printed	ı Name		Sign	nature	
conducting the J	SA						
Meet with all pe	rsons	who will	be doing the work. B	reak dow	n the	e task into steps. List	the
hazards associat	ed wit	h each s	step. Then list the action	ons you v	vill ta	ke to mitigate the ha	zards.
Have all participa	ants co	omplete	d the working at heigh	its trainir	ng?	Yes	
If NO—STOP WORK !!							
			General I	Hazards			
Туре			Hazards			Mitigations	N/A
Chemical		Flamma	able				
		Reactiv					
		Toxic /	Irritating fumes				N / A
		Skin irri	tant				
		Corrosi	ive				
Physical		Heat	Cold				
		_	Wind				N/A
			e dust/ debris				
Environmental	Is the	ere a risk	c of an				
Liivii Oiliiiciitai		onment					N/A
			Yes / No				
Steps			Hazards			Mitigations	
•							

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Rescue Plan (REQUIRED) Names and Initials of all participants Printed Name Initials Printed Name Initial Authorization to Start Work Roles Printed Names Signatures Permit User Bridge Officer of the Watch Pre-Work Checks Permit posted at work site Plan for securing tools in place Personnel cleared from under the work site (drop zone) Personnel cleared from under the work site (drop zone) Complete				
Names and Initials of all participants				
Names and Initials of all participants				
Names and Initials of all participants Printed Name Initials Printed Name Initial Authorization to Start Work Roles Printed Names Signatures Permit User Bridge Officer of the Watch Pre-Work Checks Permit posted at work site Plan for securing tools in placeAll S				
Names and Initials of all participants Printed Name Initials Printed Name Initial Authorization to Start Work Roles Printed Names Signatures Permit User Bridge Officer of the Watch Pre-Work Checks Permit posted at work site Plan for securing tools in placeAll S				
Printed Name Initials Printed Name Initial Authorization to Start Work Roles Printed Names Signatures Permit User Bridge Officer of the Watch Pre-Work Checks Permit posted at work site Plan for securing tools in place All S				
Printed Name Initials Printed Name Initial Authorization to Start Work Roles Printed Names Signatures Permit User Bridge Officer of the Watch Pre-Work Checks Permit posted at work site Plan for securing tools in place All S				
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Roles Printed Names Signatures Permit User Bridge Officer of the Watch Pre-Work Checks Permit posted at work site Plan for securing tools in place All S				
Roles Printed Names Signatures Permit User Bridge Officer of the Watch Pre-Work Checks Permit posted at work site Plan for securing tools in place All S				
Permit User Bridge Officer of the Watch Pre-Work Checks Permit posted at work site Plan for securing tools in place All S				
Pre-Work Checks Permit posted at work site Plan for securing tools in place All S				
Pre-Work Checks Permit posted at work site Plan for securing tools in place All S				
Permit posted at work site Plan for securing tools in place All S				
Before Starting ————Plan for securing tools in place ————All S				
Personnal cleared from under the work site (drop zone)				
Personnel aware of scope of work and their responsibilities				
Post-Work Checks				
Permit copy removed from the work site				
After Work — Work area cleared of tools and supplies — All Ste				
is CompleteAffected persons notified work is complete Complete				
Helm task includes notes about the job and is finished				
Verification that Work is Complete				
Verification that Work is Complete				
Roles Printed Names Signatures				

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