

**Work Permit Report - (Work Permit UID - WP/FBYDW/ROO/CSE/26/00004)**

**Work Permit Information**

<b>Work Permit UID</b>	WP/FBYDW/ROO/CSE/26/00004	<b>Category Name</b>	Confined Space Entry (Copy)
<b>Description</b>	wo	<b>Status</b>	Submit
<b>Site Name</b>	Colver	<b>Department Name</b>	Accounts
<b>Location</b>	lo	<b>Initiated By</b>	Candis Rugg
<b>Start Date &amp; Time</b>	30-Mar-2026 10:04:00 AM	<b>End Date &amp; Time</b>	31-Mar-2026 06:00:00 PM
<b>Created On</b>	30-Mar-2026 10:05:37 AM	<b>Due Date</b>	31-Mar-2026 12:00:00 AM
<b>Contractor</b>	NA	<b>Shift</b>	NA

**Sections**

<b>1. Hazards Identified</b>			
<input type="checkbox"/> Presence of Toxic Gas Fumes	<input type="checkbox"/> Presence of Flammable Gas Fumes	<input type="checkbox"/> Work on Standing Ladder	<input type="checkbox"/> Work on Scaffolding
<input type="checkbox"/> Slip Hazard	<input type="checkbox"/> Improper Access to reach confined space work area	<input type="checkbox"/> Lack of Oxygen Level	<input type="checkbox"/> Unguarded Opening
<input type="checkbox"/> No access ladder inside the confined space	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Work near sharp edges in vessel inside	<input type="checkbox"/> Height Work (Above 1.5 Mtr.)
<input type="checkbox"/> Mechanical / Electrical Sparks	<input type="checkbox"/> Sharp Edges	<input type="checkbox"/> Trip Hazard	<input type="checkbox"/> Noise / Vibration
<input type="checkbox"/> Excavation Collapse	<input type="checkbox"/> Steam	<input type="checkbox"/> Work near Over Head Electrical Line	<input type="checkbox"/> Static Electricity
<input type="checkbox"/> Work on Running Vessel / Tank	<input type="checkbox"/> Oil Spillage Observed	<input type="checkbox"/> Pressurized Line	
<b>2. Control Measures</b>			
<b>Has all piping been isolated by disconnect? (Physical Spool Removal or Blind Provided): 1</b>	<b>Has all electrical equipment associated with the vessel been locked out and tagged out &amp; tested out?: 1</b>	<b>Is vessel clean and free of hazardous residue?: 1</b>	<b>If not, have appropriate safeguards been taken to assure safe entry?: 1</b>
<b>Has vessel been mechanically ventilated adequately prior to entry? If required provide the continuous mechanical ventilation.: 1</b>	<b>Is a ladder inside the vessel and secured ? : 1</b>	<b>Are all entrants wearing a full body harness with life line attached along with the whistle ? : 1</b>	<b>Is entrants register format with name, in time, out time and signature is available.: 1</b>
<b>Has a watch person is assigned and given proper instructions along with SCBA ? : 1</b>	<b>Name of watch Person:</b>	<b>Has instructions been given to use rubber insulated mats or shoes, when welding or conducting electrical work in a damp or metal confined space ? : 1</b>	<b>Are all electrical tools and in good condition &amp; green tag provided: 1</b>
<b>Is separate work permit taken for other works like holt work, cold work, etc.. Confined space entry permit only for entry in the space &amp; not to do the work: 1</b>	<b>Use detectors to monitor H2S, Oxygen and LEL level, for all confined space entries: 1</b>	<b>Have instructions been given to watch person to abort the entry if signs and symptoms of exposure occur and/ or the oxygen level drops to 19.5% or rises to 23.5%: 1</b>	
<b>3. Safety Equipment Requirement &amp; PPE to be used</b>			
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Nose Mask / Respirators	<input type="checkbox"/> Safety Harness / Lifeline	<input type="checkbox"/> Fire Extinguisher No.
<input type="checkbox"/> Hand Gloves	<input type="checkbox"/> Ear Plug/ Muff	<input type="checkbox"/> Scaffolds & Ladders	<input type="checkbox"/> Locks/ tags
<input type="checkbox"/> Face Shield / Welding Goggle	<input type="checkbox"/> Helmet	<input type="checkbox"/> Forced Ventilations	<input type="checkbox"/> Barricades
<input type="checkbox"/> Apron	<input type="checkbox"/> Warning signs	<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Any Other:
<b>LOTO Tag Reference No. :</b>			

**Approvers**

### History

Created On	Created By	Comment	Attachments
07-Apr-2026 01:38:01 PM	Maite Benedict	Testing read only comments	NA
06-Apr-2026 01:29:13 PM	Maite Benedict	TEST	NA
06-Apr-2026 01:11:13 PM	Maite Benedict	23456	NA
06-Apr-2026 10:15:43 AM	Maite Benedict	TEST2	NA
06-Apr-2026 10:14:23 AM	Mozell Heaton	TEST	NA
01-Apr-2026 10:17:26 AM	Candis Rugg	Status has been updated to Submitted	NA
30-Mar-2026 10:05:37 AM	Candis Rugg	A new record was created: Site Name set to 'Colver' Department set to 'Accounts' Type Of Permit set to 'Confined Space Entry (Copy)' Name Of Requestor set to 'Candis Rugg' Work Permit Date Start set to '30-Mar-2026' Work Permit Date End set to '31-Mar-2026' Work Permit Time Start set to '10:04 AM' Work Permit Time End set to '06:00 PM' Is Manual Ptw set to 'False' Status set to 'Draft'	NA