



OIL & GAS DEVELOPMENT COMPANY LIMITED

Ref. Section 07 (Operation) of OGDCL's Integrated HSE System Manual

OGF – HSE – 022(01)

CONFINED SPACE/ VESSEL ENTRY PERMIT

WO No.....

Record TBT proceedings on back of the card copy

WP S.No.....

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

PERIODIC 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

	Yes	No	NA
1 Has the Tool Box Talk been conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Has Worker received safety training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Is electrically driven equipment disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are electrical switches tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Is the breaker locked and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Are all lines disconnected or blinded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Are all valves closed and in-between bleeders opened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Is the equipment depressurized, flushed and purged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Is the atmosphere around (including wind direction, explosive gas leakage) suitable for entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Is the person fit for entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Is work site barricaded and warning signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Is any sludge or rust present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Is the vessel cold enough to enter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Is adequate ventilation and lighting (24 V) arranged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Name of the Standby/Rescue/Fireman assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Protective Equipment required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Is JHA required and attached to complete this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Who will monitor the operating conditions? _____			
19 Fire Fighting Arrangements: _____			

20 Personal Protective Equipment requirement

Helmet

Goggles

Apron

Coverall

Gas Mask/ Respirator

Ear Muffs/Plugs

Safety Shoes/Gum Boots

Dust Mask

Full Body Harness/ Safety Belt

Rubber/Cotton Gloves

Face Shield

SCBA

21 Special Instructions. _____

Authorization →

Permit Issue Authority

Relevant Section

Permit Receiver

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
Supervisor/Performing Technician

Checked by
Area Operator

Verified by
Receiving 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:

TOOLBOX TALK FORM

Section 1 - Toolbox Talk Considerations (tick)

The following must be considered prior to commencing the work:

Objectives of the work	Equipment / tools	Additional PPE
Specific plans, methods and guidelines	Hazardous equipment	Previous lessons learned
Responsibilities	Materials	Feedback / questions form Work Party
Manpower and skill	Communications paths / protocols	Applicable OGDCL Golden Rule(s)
Access and evacuation (what to do in case of emergency)	Manual handling	
Work environment / site conditions	Work preparation	
Risk assessment: hazards, precautions and mitigations	Isolations / Permits / Certificates	
Have the conditions changed	Performing the work	
Has the activity changed	Reinstatement	
Conflicting activities	Weather	

Other Topics Discussed:

Job Hazards Analysis (JHA) if applicable

Section 2 - Work Party Attendance Record

By signing this form, I confirm that I have received and fully understood the information contained in and referenced during the Toolbox Talk.

Name:	Signature:	Name:	Signature:	Name:	Signature:

Section 3 - Conducted

I confirm I have conducted the Toolbox Talk with the Work Party and other involved persons.

I have taken part in the Toolbox Talk with the Work Party and other involved persons to address specific Operations related matters.

Performing Authority Name: Signature: Date / Time:

Area Authority Name: Signature: Date / Time:

(optional)