

View - 9.08 Enclosed Space Entry Permit V2

Form Number: 2016-VS-YEGW-0908-0000

Vessel/Office: MUNDU

Date: 13 Oktober 2016

Part A - Initiate Enclosed Space Entry Permit

Date of permit issue 13.10.2016

Responsible Officer: Katiandagho, Stenly

Risk Assessment is mandatory prior to issuing permit. Please create and complete a 9.03 record from the bottom of the form.

Name(s) of Team Leader

Zeni, Andi
Khoiriyah, Rosita Nurul

Name(s) of designated stand-by person/person supervising entry/attendant

Bincar, Ahmad

Personnel entering the enclosed space to perform work
Bincar, Ahmad ; Tamyiz, Muhammad ; Hery, Natal ; Yusmal

Max Validity of Permit (Hrs): (Permit is not to exceed 12 hrs)

12:00

Validity of permit based on (GMT or LT)

LT

If LT used, specify difference between GMT and Ship Time

GM
T+
07.
00

Permit Valid from Date

13.10.2016

Permit Valid from Time

11.
30

Permit Valid to Date

13.10.2016

Permit Valid to Time

23.
30

Estimated time of commencing work

11.30

Estimated time of completing work

23.
.30

| Item | Full name of the enclosed space | | |
|------|--|-----------|--|
| 1 | Specify the name(s) of the enclosed space(s) to be entered and the adjacent space(s) OR specify the name(s) of the enclosed space(s) to be entered and click on "Add Enclosed Space" button to record the adjacent space(s). | Pump room | |
| | Specify the previous cargo, tank coating condition and reason for entry. | | |
| | N/A | | |
| | Detailed description of the work | | |
| | Open and close valve for line up cargo operation | | |
| | Describe the safety measures | | |
| | fixed pump room gas detector, portable gas detector, PPE | | |
| | Has the space been depressurized | N/A ✓ | How many hours has the space been ventilated |
| | | | 12:00 |
| | Ventilation will be maintained continuous throughout occupancy and during breaks | Yes ✓ | Is the space clean and empty? |
| | | | Yes ✓ |

Part Aû1 Has the atmosphere check gas(s) been measured

HC (flammable)
Oxygen
Toxic

If other, list other gas(s)

The following equipment is of an approved type, has been calibrated as indicated and checked for correct operation

| | | | |
|----------------|------|-------------------------------|-----------------------|
| Corrosive | ... | Specify equipment to be used: | Portable gas detector |
| HC (flammable) | ... | Specify equipment to be used: | Portable gas detector |
| Oxygen | | Specify equipment to be used: | Portable gas detector |
| Toxic | ... | Specify equipment to be used: | Portable gas detector |
| Other | | Specify equipment to be used: | |

Please submit the form to continue

Part Aû2 Safety Measures

| | | |
|------|---|-------------|
| Item | Full name of the enclosed space | |
| 1 | Pump room | |
| | Interval checks should be performed (Specify Min/1r) | 2 hr |
| | Time Tested | Time Tested |
| | Oxygen level in % by volume (Minimum 21% by volume) | 21 |
| | Flammable vapors in % by volume | 0 |
| | Time Tested | Time Tested |
| | Flammable vapors in % by volume (Less than 1% LFL and for pumproom less than 10% LFL) | 0 |
| | Toxic vapors in PPM (Less than 50% OEL of the specific gas) | 0 |
| | If Toxic, describe | |
| | Corrosive vapors in PPM | |
| | If corrosive, describe | |

Part Aû3 Tank Isolation (Confirm the following has been completed)

Select Yes, No or N/A

| | |
|---------------------------------|-------|
| Valves closed and tagged? | N/A ✓ |
| Blanks are inserted in flanges? | N/A ✓ |
| Piping removed? | N/A ✓ |


| Part A04 Pump Serving Tank (Confirm the following has been completed) | | Select Yes or No |
|---|--|--------------------------------|
| Circuit breaker disconnected? | | N/A ✓ |
| Main and local switchboard tagged? | | N/A ✓ |
| Local hydraulic line to tank valve closed and tagged? | | N/A ✓ |
| Part A05 Inert Gas System (Confirm the following has been completed) | | Select Yes or No |
| System has been depressurized? | | N/A ✓ |
| Supply line valve closed and tagged? | | N/A ✓ |
| Blanks have been inserted in the supply line? | | N/A ✓ |
| Piping has been removed? | | N/A ✓ |
| Part A06 Identify any Hazardous Conditions | | |
| Explosive gas | | |
| Part A07 PPE In Use | | |
| Boiler Suits Ear Protection Goggles, gloves | | |
| Part A08 Toolbox Meeting | | Select Yes or No or N/A |
| RA has been reviewed and discussed, and roles and entry control procedures defined. | | Yes ✓ |
| Emergency and evacuation procedures discussed and defined. | | Yes ✓ |
| Names and times of entry will be recorded and monitored by the designated Stand-by Person/person supervising entry outside the space. | | Yes ✓ |
| A designated Stand-by Person/person supervising entry/attendant is in constant attendance outside the enclosed space, in the immediate vicinity of the entrance and in direct contact with the Responsible Officer. | | Yes ✓ |
| Escape Routes Defined | | Yes ✓ |
| Alarm Signals tested and agreed | | Yes ✓ |
| All emergency equipment on standby and inspected | | Yes ✓ |
| All persons involved in the operation are trained in the actions to be taken in the event of an emergency | | Yes ✓ |
| The procedures for a change of permit holder is understood by the Responsible Officer | | Yes ✓ |
| Personnel entering the enclosed space have own personal gas monitor or have been issued to a representative in a group | | Yes ✓ |
| A communication system which provide links between the enclosed space/pumproom, and the navigation bridge, engine room, and cargo control room as applicable, and has been tested. | | Yes ✓ |
| Personnel aware that the space must be vacated immediately in the event of ventilation failure or if the atmosphere tests show a change from agreed safe criteria | | Yes ✓ |
| Personnel entering the enclosed space have agreed on a reporting interval of _____ minutes to the designated stand-by person/responsible officer. (Use a text box instead of a dropdown field) | | 10 mts |

Other items reviewed as applicable: (Insert a comment text box below the sentence) Yes


Part A9 - Signature of persons Assigned to enter enclosed spaces to perform work, stand-by person(s) / person(s) supervising entry and team leaders(s)

The undersigned personnel confirm that they have been fully briefed on the enclosed space entry requirements and procedures.


Signature(s) of Team Leader


| Item | Signature of Officer Duties |
|------|---|
| 1 |  |

Signature(s) of designated Stand-by person/person supervising entry

| Item | Signature of Ahmad Bincar |
|------|---|
| 1 |  |

Personnel(s) entering enclosed space permit

| Item | Signature of Ahmad Bincar |
|------|---|
| 1 |  |

| Item | Signature of AB duties |
|------|---|
| 2 |  |

Part A-10 Enclosed Space Entry Permit Completed by Responsible Officer

Comments

Enclosed space entry permit ready

Signature of Responsible Officer {Katiandagho, Stenly: GMT}

Part B Enclosed Space Entry Permit Completed by Master

Shore Approval Required

No

Permit Approve by Master

Yes

Comments

Please entry checklist should be always done prior entry.

Signature of the Master

{Nugroho, Dwi Anung: GMT}

Part C - Shore Management Team Approval

Permit Approved

Comments

Signature of the SMT member


Part D by Access and Safety Checks during Enclosed Space Entry

Please print the Enclosed Space Entry Data Record Sheet Download PDF

Comments

Fan pumproom was switch on and light on

Signature of Responsible Officer


{ Katiandagho, Stenly: 

Part E - Work Site Restored to a Safe Condition

Work Site Restored to a Safe Condition Yes


Comments

Enclosed Space Entry Data Sheet(s) must be attached before submitting Part E

Signature of Responsible Officer { Katiandagho, Stenly :...

Part F - Close Out of Work Permit

Comments

Signature of the Master { Nugroho, Dwi Anung: 

NOTE: A COPY OF THIS PERMIT SHALL BE PROMINENTLY POSTED AT THE ENTRANCE OF THE ENCLOSED SPACED.

THE PERMIT SHALL IS ONLY VALID FOR THE PERIOD SPECIFIED, AND SHALL BE RENDERED INVALID IF ANY OF THE CONDITIONS DESCRIBED IN THE PERMIT CHANGE.

**** Please select the records listed below if appropriate ****

| Form Number | Created Author | Last Modified Date Time | Form Status |
|--------------------------------|----------------|-------------------------|-------------|
| No forms available to display. | | | |

Sample Enclosed Space Entry Data Record Sheet

Personnel Entry

(to be completed by the responsible person supervising entry)

| NAME | TIME IN | TIME OUT |
|--------------|---------|----------|
| AHMAD BINCAR | 11.35 | 11.45 |
| HERY | 12.07 | 12.10 |
| HERY | 13.16 | 13.20 |
| A. BINCAR | 14.21 | 14.25 |
| HERY | 15.30 | 15.32 |
| TAMIZ | 16.10 | 16.12 |
| TAMIZ | 17.05 | 17.07 |
| A. BINCAR | 18.00 | 18.10 |
| A. BINCAR | 19.07 | 19.10 |
| YUSMAL | 21.10 | 21.15 |
| YUSMAC | 22.05 | 22.10 |
| A. BINCAR | 23.15 | 23.25 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Atmosphere check during entry

- oxygen.....% vol (21%)
- hydrocarbon.....% LFL (less than 1%)
- toxic gases.....ppm (specific gas and PEL)
- oxygen.....% vol (21%)
- hydrocarbon.....% LFL (less than 1%)
- toxic gases.....ppm (specific gas and PEL)
- oxygen.....% vol (21%)
- hydrocarbon.....% LFL (less than 1%)
- toxic gases.....ppm (specific gas and PEL)
- oxygen.....% vol (21%)
- hydrocarbon.....% LFL (less than 1%)
- toxic gases.....ppm (specific gas and PEL)
- oxygen.....% vol (21%)
- hydrocarbon.....% LFL (less than 1%)
- toxic gases.....ppm (specific gas and PEL)
- oxygen.....% vol (21%)
- hydrocarbon.....% LFL (less than 1%)
- toxic gases.....ppm (specific gas and PEL)
- oxygen.....% vol (21%)
- hydrocarbon.....% LFL (less than 1%)
- toxic gases.....ppm (specific gas and PEL)

By: C/O

Time: 11-30

By: C/O

Time: 11-35

By: C/O

Time: 11-40

By: C/O

Time: _____

By: _____

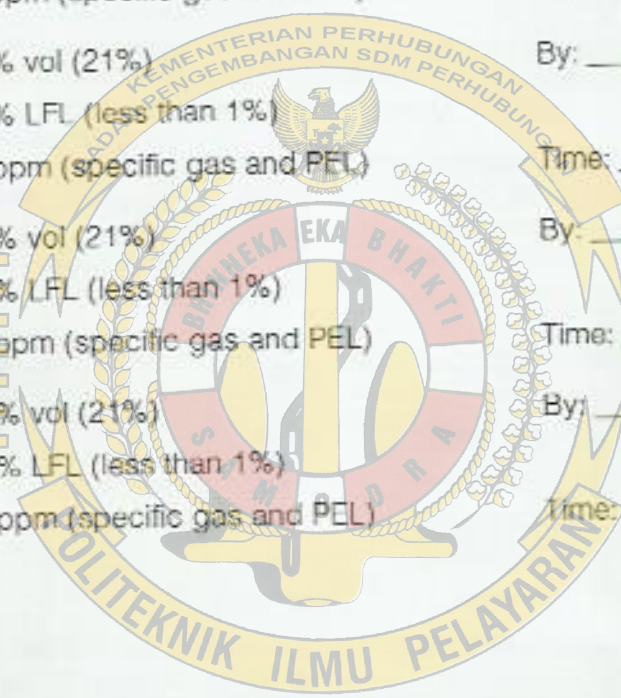
Time: _____

By: _____

Time: _____

By: _____

Time: _____



Entry Completion Verification

(to be completed by the responsible person supervising entry)

| Task | Date | Time |
|---|------------|-------|
| Job Completed | 13/10/2016 | 23:30 |
| Space Secured against Entry | | |
| The Officer of the watch has been duly informed | | |