



INTEGRATED MANAGEMENT SYSTEM

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BPDB-IMS-CL-004

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Checklist for Enclosed Space

CONFINED SPACE SAFETY CHECKLIST

Important: This checklist must be used in conjunction with Permit to Work procedure BPDB-GEN-PR-005 and Enclosed Space Entry Procedure BPDB-GEN-PR-007

DEFINITION OF A CONFINED SPACE:

Means an enclosed or partially enclosed space that

- a) is not designed or intended for continuous human occupancy except for the purpose of performing work,
- b) has restricted means of access and egress, and
- c) may become hazardous to a person entering it due to
 - (i) its design, construction, location or atmosphere
 - (ii) the materials or substances in it, or
 - (iii) any other conditions relating to it;

HAZARDS ASSESSMENT AND PRE-ENTRY VERIFICATION:

Before entering a confined space, the Confined Space Safety Checklist and Entry Permit must be completed and signed by all team members.

EMERGENCY PROCEDURES

Confined space construction, risk factors and entry environments differ in virtually all cases. Despite the hazards assessment and the pre-entry verifications, the assumption must remain that there are hidden hazards. The entrant must continuously proceed cautiously and not proceed any further where he believes he can be injured and/or cannot be rescued. The team's emergency preparedness is to remain high at all times.

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DEPARTMENTAL SAFETY – ENTRY INTO CONFINED SPACES

The atmosphere in any confined space may be incapable of supporting human life. It may be lacking oxygen content and/or contain flammable or toxic gases.

GENERAL PRECAUTIONS

Do not enter any such space unless authorized by the operator in charge or the responsible officer and unless the appropriate safety procedures have been carried out. The checklist on the reverse side of this sheet must be used whenever examination of a confined space is to take place.

The attendant, together with the office in charge **MUST** determine that it is safe to enter a potentially dangerous space by ensuring that:

- (a) the space has been properly ventilated by natural or mechanical means; and
- (b) the atmosphere of the space has been tested with appropriate instruments at different levels for acceptable levels of oxygen and/or other gases.

WARNING

When the atmosphere in the space is unsafe or suspect, it should never be entered to conduct an examination. Escape or breathing apparatus must never be used in such circumstances.

PROTECTIVE EQUIPMENT AND CLOTHING

All persons entering enclosed or confined spaces should wear suitable clothing and make use of protective equipment provided. Access ladders and surfaces within the space may be slippery and suitable footwear should be worn. Safety helmets protect against falling objects and bumps. Safety harness/lifelines must be used on all applicable occasions.

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CONFINED SPACE SAFETY CHECKLIST AND ENTRY PERMIT

Before entry into the confined space, the appropriate safety checks listed below must be carried out by the attendant and the entrant, having first made an assessment of the risk with a responsible ship's officer.

The attendant must ensure that this checklist has been fully completed before the examination commences.

Date permit validated

Time permit validated

Site:	Location	Area searched
-------	----------	---------------

	Print name	Signature (Upon completion of all checks)
Attendant -		
Entrant -		
Emergency Officer -		
Assisting Officer -		

Date and time of entry into this space	Anticipated date and time of exit	Length of time for which permit is valid
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Hazard assessment and identification

- | | | |
|---|------------------------------|-----------------------------|
| Slips, trips and falls | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fall exceeding 2.4 metre | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Potential presence of Vapours or Flammable gas? (See result Section 1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Potential presence of toxic gas? (See result Section 1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Potential presence of unacceptable oxygen levels (See result Section 1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Potential presence of airborne hazardous substances (e.g., Dust)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Presence of liquid in which entrant may drown? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Potential entry of liquid, free-flowing solid or hazardous substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Material harmful to skin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Electrical Hazards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mechanical hazards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Temperature Extremes?

Yes

No

Other, Specify _____

Yes

No

SECTION 1 ATMOSPHERIC TESTING

Tested by (Print name)		Time	Multi-gas monitor used	Date of last calibration
Permissible exposure limits	CO: 0 to 25ppm H2S: 0 to 10ppm		Test results	CO: _____ H2S: _____
	O2: 19.5 to 23% LEL: 0 to 10% 1% on Tankers			O2: _____ LEL: _____

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SECTION 2

TO BE CHECKED BY ATTENDANT

2.1 Has the space been properly ventilated, tested, and found safe?

2.2 Have arrangements been made to prevent the entry of liquid or hazardous substances into the space?

2.3 Have arrangements been made to continue ventilation during occupancy of the space and at breaks?

2.4 Have arrangements been made to repeat testing at regular intervals during occupancy?

2.5 Are rescue and resuscitation equipment available for immediate use at the entrance to the space?

2.6 Have arrangements been made to have a responsible person to be in constant attendance at the entrance to the space?

2.7 Has a system of communications between attendant and those entering the space, been arranged and tested?

2.8 Are access and illumination adequate?

2.9 Are portable lights and other equipment to be used, of the appropriate type?

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SECTION 3

TO BE CHECKED BY THE ATTENDANT AND EMERGENCY OFFICER

3.1 Are you familiar with the breathing apparatus to be used?

3.2 Has the breathing apparatus been checked as follows:

(i) Adequacy of air supply - Cylinder #1 _____ psi
Cylinder #2 _____ psi
L-1000 _____ psi

(ii) Low pressure audible alarm?

3.3 Have the emergency signals and other emergency arrangements been agreed to? (iii) Respirator and Resuscitator - air supply and tightness?

Ships alarms

Emergency telephone no.

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SECTION 4

TO BE CHECKED BY ENTRANT

4.1 Are you aware that you should leave the space immediately in the event of ventilation problems, communication failure, or if your gas alarm is activated?

4.2 Are you satisfied that all relevant checks in sections 1, 2 and 3 have been completed?

4.3 Do you understand the arrangements made for communications between yourself and the attendant?

4.4 Have you been given permission by the attendant to enter the space?

4.5 Adequacy of air supply for the lifeair 10.

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