

Ballast Tank Cleaning Work Permit

Permit No.	Date Issued
Vessel Name	Location
Tank(s) Involved	

Description of Work

Work Start Date & Time

Expected Work Completion

Personnel Involved

Hazards Identified

Precautionary Measures

Personal Protective Equipment Required

Atmospheric Testing Results (if applicable)

Test	Result	Time	Tester
Oxygen Level (%)			
LEL (%)			
Other			

Isolation Procedures Applied

Special Instructions

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Emergency Arrangements

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Permit Issuer (Signature & Date)

Person in Charge of Work (Signature & Date)

Officer on Duty (Signature & Date)