

EXTERNAL MANWAY CLOSURE SIGN-OFF

Job Number:	Vessel No.:	
Customer:	Vessel Name:	
Unit:	Manway ready to clos	e: Yes No
Gasket Type & Material:		
Nozzle No. & Size:		
Bolt Material & Size:		
Comments:		
ITCS Supervisor/Designee		
	Date:	
Print Name:	Signature:	ITCS Supervisor/Designee
Operations	Date:	
Print Name:	Signature:	
Till Name.	oignature.	Operations
Process / Mech Eng / Designee	Date:	
Print Name:	Signature:	
	<u> </u>	Process/Mech Eng/Designee