|  |  |  |
| --- | --- | --- |
| **CONFINED SPACE ENTRY PERMIT** | | |
| Workplace: | Location: | Date: |

***This permit must be signed by the Authorised Competent Person before the work proceeds.***

***Only the work listed may be done.***

Employee Name (please print):

Contractor’s Name and Address

Emergency contact; Name phone

Number of Employees (named below) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Competent Person (please print):

Description of Confined Space:

**DESCRIPTION OF WORK** (if hot work, also complete – Hot Work Permit for Confined Spaces)

Hot Work permit required: Yes / No

Requested By: Position:

**1. ISOLATION OF THE CONFINED SPACE (as per AS2865-1995 Sections 11.8-11.13)**

The **items ticked** below **have been** isolated or made safe, locked and tagged.

[1] Pipelines (water, steam, gas, etc.) ⬜

[2] Mechanical or Electrical Drives ⬜

[3] Sludges, Deposits, Waste ⬜

[4] Harmful Materials ⬜

[5] Electrical Services ⬜

[6] Warning Notices, Portable Signs, Locks or Tags  
(danger) installed to the means of isolation ⬜

[7] Radiation Services ⬜

**2. ATMOSPHERIC TEST REQUIREMENTS** (Fill in details of test)

If the confined space must be cleared of contaminants then use a suitable purging agent and if this is a gas mixture it shall have less than 21% by volume of oxygen, otherwise respiratory equipment shall be provided.

Has the gas detector been calibrated in the last 6 months? Yes/No

## Due date for next calibration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Test Results:

Methane 10% LEL

Hydrogen Sulphide 10 PPM

Oxygen Levels 19.5-23.5%

Carbon Monoxide 30 PPM

Other

The concentration of any flammable contaminant in the atmosphere of the confined space is:

below 5% of its LEL – ⬜

between 5 and 10% of its level – enter confined space only with continuous monitoring and the   
use of suitably calibrated flammable gas detector ⬜

**CONDITIONS SAFE TO ENTER?**

**with** supplied air respiratory device (no combustible gas) ⬜

**with** an air purifying (non air supplied) respiratory protection device ⬜

**without** supplied air respiratory device ⬜

**3. PERSONAL PROTECTIVE EQUIPMENT**

The following personal protective equipment (ticked) **shall be worn** as required

(a)Supplied air respirators (**cylinders filled)** reference to safe work procedures ⬜

(b) Air purifying respiratory protection devices ⬜

(c) Safety harness and/or safety line or lifeline/rescue ⬜

(d) Eye protection eg. safety glasses ⬜

(e) Hand protection eg. gloves ⬜

(f) Foot protection eg. safety shoes or boots ⬜

(g) Protective clothing eg. overalls ⬜

(h) Hearing protection ⬜

(i) Safety helmets ⬜

**4. STAND-BY AND RESCUE PERSONNEL**

1. Stand-by personnel are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Rescue & emergency procedures have been issued and understood? Yes / No
3. Openings for entry and exit to permit rescue of any person who may enter the confined space, or provision of suitable alternative means of rescue
4. Procedures to prevent obstruction of the openings by fittings or equipment which could impede rescue

**5. HAZARDS IDENTIFIED WITH THIS CONFINED SPACE ARE:**

**6. PRECAUTIONS**: **The following precautions have been identified:**

1. Appropriate warning signs and barriers **have** been placed correctly. ⬜
2. **Smoking** has been **banned** from the confined space site. ⬜
3. Ignition sources have been removed from within 6 metres of the entry/exit point. ⬜
4. Equipment for fire protection ⬜
5. First –aid equipment ⬜
6. **No** chemical agents **other** than those listed below **shall** be permitted in the confined space ⬜

e) **Any** special precautions required

**7. ENTRY PERSONNEL**

***I/We understand the safety procedures required for entry and exit for working in a confined space and the safety protective equipment to be used and have a working knowledge of the equipment to be used.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMPLOYEES NAME Please Print | EMPLOYEES SIGNATURE | TRAINED IN LAST 12 MONTHS | DATE OF  ENTRY | IN  (TIME) | OUT  (TIME) |
|  |  | Yes / No |  |  |  |
|  |  | Yes / No |  |  |  |
|  |  | Yes / No |  |  |  |
|  |  | Yes / No |  |  |  |

**8. AUTHORISATION FOR ENTRY**

The confined space described above, is in my opinion, safe for the work detailed in the Description of Work above to be carried out, provided that the precautions listed are adhered to.

NOTE: No work shall be carried out within a confined space, or on the outside surface of a confined space, if the work or any plant is likely to cause or create a risk:

* to the health and safety of a person in the confined space, or
* of fire or explosion.

Signature: Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am/pm

Authorised Competent Person

Name:

Authorised Competent Person

**PERMIT VALID from** am/pm **to** am/pm Date / /

TASK COMPLETED:

* **All** persons, equipment, plant & materials **have been withdrawn**. ⬜
* Work has been **completed** ⬜
* **Access** to the confined space has been **secured** ⬜

Signature: Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am/pm

Authorised Competent Person

Name:

Authorised Competent Person

*Return the completed form to the Site Manager*