

# Health & Safety – Permit Confined Space Entry



## INFORMATION & CHECKLIST

Date: ____ / ____ / ____	Confined Space No:	
Have alternative methods avoiding confined space entry been considered?	<input type="checkbox"/>	<b>Permit Number</b>
Are all personnel trained and competent to enter and work in this confined space?	<input type="checkbox"/>	
Has a current JHA for the work in the confined space been undertaken?	<input type="checkbox"/>	
Has permission from the area owner been gained to access this confined space?	<input type="checkbox"/>	
<b>The above answers must be yes in order to proceed with this Confined Space Entry Permit.</b>	<input type="checkbox"/>	

Department/Contracting Company:	
Work Location:	
Purpose/Type of Work:	
Planned Start Date/Time:	Expected Duration:

### Does this permit need to be observed in conjunction with any other permits?

Permit	Y	N	Number	Permit	Y	N	Number
Isolation	<input type="checkbox"/>	<input type="checkbox"/>		Excavation and Penetration	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>		Authority to Work	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

**Note – You are required at all times to have working at heights permit whilst conducting confine space work**

### RISK CONTROLS – All of the questions below must be answered

Atmosphere	Y/N	Engulfment	Y/N	General	Y/N
Will welding/hot work be conducted within the confined space?		Are there any un-isolated energy sources that could effect people in the confined space?		Is the stand-by person trained and competent?	
Will chemicals be used within the confined space?		Is there any medium above or below the space?		Are barricading/signs required to limit access in the vicinity?	
Is forced air ventilation/extraction required?		Do the hole/trench walls need to be secured/guarded?		Are safety harness required to be worn?	
Are there any internal combustion engines nearby – CO Fume Potential?		Is there a potential for material loss which requires floor material to be shored?		Is communication equipment required?	
Is self contained breathing apparatus required?		Will entry/exit be restricted or difficult?		Is intrinsically safe equipment required?	
Is humidity control required?		Has a suitable means of access and egress been established?		Alternative access control method required?	
Are airline respirators required?					
Appropriate controls have been implemented for any “Yes” responses in the table above?					
<b>Rescue plan shall be developed and attached to this permit?</b>					
Contact the Emergency Services Officer or the local Emergency Response Team Leader for assistance with rescue planning					

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Rev	Document Number	Author	Approver / BFO	Issue Date	Review Date	Page
1	OP-FRM-00571	J Day	GM HSE	18/01/2017	18/01/2018	1 of 3

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ATMOSPHERIC TESTING							
Atmospheric testing required?	Yes <input type="checkbox"/> / No <input type="checkbox"/>			Continuous monitoring required?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Date/Time of Test:				<b>Gas tested</b>			
Permit expiry time is dictated by expiry time of the atmospheric test(s), or <b>maximum of current shift</b>			Flammable < 5% LEL	Oxygen 19.5% - 23.5%	Hydrogen Sulphide < 10 ppm	Carbon Monoxide < 30ppm	Other (Specify)
Expiry time of permit or re-test time	Gas Tester						
	Surname	Signature					

An authorised gas free assessor shall conduct confined space atmospheric testing when required

PERMIT AUTHORISATION – AUTHORITY TO WORK	
As the Authorised Person (Permit Issuer) I authorise the entry to this Confined Space subject to the conditions and precautions of the risk assessment and as indicated on the Permit.	
Full Name (Please Print)	
Signature:	Date / /
As the Entry Permit Holder I accept this Permit and agree to be bound by the conditions above, the associated procedures and accept the responsibility as the person in charge of the work in the confined space(s) nominated.	
Full Name (Please Print)	
Signature:	Date / /
STAND BY PERSON: - Entry/Exit signing on and off – Cancellation of Permit	
Standby person responsibilities	YES
I have reviewed the rescue plan for this Confined Space Entry	<input type="checkbox"/>
I have an effective/tested means of communicating with Emergency Services	<input type="checkbox"/>
Emergency phone number is:	Emergency radio channel is:
I have the required rescue equipment at the job site (as identified in rescue plan)	<input type="checkbox"/>
The emergency response team has been advised of the C/S entry	<input type="checkbox"/>
I understand and accept the responsibilities of the Standby Person	
<b>Nominated standby person (May alternate with another person from within the Confined Space)</b>	

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Name (Block Letters)	Signature on duty	Time	Signature off duty	Time
		:		:
		:		:
		:		:
		:		:
		:		:

### Person (s) Entering the Confined Space

All personnel must sign on the current JHA before commencing work

All personnel must sign on/off this permit when entering/exiting the confined space

I understand and will comply with the conditions of entry indicated on this permit and will adhere to all precautions on the JHA

Name (Block Letters)	Signature entry	Time	Signature exit	Time
		:		:
		:		:
		:		:
		:		:
		:		:
		:		:
		:		:
		:		:
		:		:
		:		:

### CANCELLATION OF CONFINED SPACE PERMIT: to be completed by the Permit Holder

All personnel have exited the space and signed off the permit?	<input type="checkbox"/>
Equipment checked and restored correctly?	<input type="checkbox"/>
Have you advised the area owner and Permit Issuer work has been completed?	<input type="checkbox"/>
The location/equipment has been left in a safe condition?	<input type="checkbox"/>

### Full Name (Please Print)

Signature		Date:	
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Additional comments on the work area

**Permit Issuer:** I approve cancellation of this permit and the return to service of the confined space.

### Full Name (Please Print)

Signature		Date:	
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**Relinquished Permit with records of Entry/Exit of a Confined Space shall be retained for filing for a period of one (1) month**

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