



Confined Space Entry Permit HS-FR-10-03

Centre/Location:	<input type="text"/>	Date:	<input type="text"/>
Company Name:	<input type="text"/>		
Permit Receiver:	<input type="text"/>	Contact Phone:	<input type="text"/>
Description of Work:	<input type="text"/>		
Location of Work/Confined Space Reference:	<input type="text"/>		
Permit Issuer Name:	<input type="text"/>	Vicinity Centres Position:	<input type="text"/>

Mandatory Requirements

Confined space register reviewed	<input type="checkbox"/>	Yes
Appropriate SWMS or risk assessment in place	<input type="checkbox"/>	Yes
Personnel hold appropriate confined space competencies including Stand-by Person(s)	<input type="checkbox"/>	Yes
Emergency procedures have been developed and are understood by relevant persons	<input type="checkbox"/>	Yes
Emergency procedures have been tested/rehearsed	<input type="checkbox"/>	Yes
Confined space signage to be always erected while the confined space is accessible	<input type="checkbox"/>	Yes
Appropriate first aid kit readily available	<input type="checkbox"/>	Yes

Isolation Required			Location/Method
Water/Gas/Steam/Chemicals	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
Mechanical/electrical drives	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
Automatic fire systems	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
Hydraulic/electric/gas/power	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
Sludge/deposits/wastes	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
Locks and/or tags have been fixed to isolation points	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
Other (specify):	<input type="checkbox"/>	Yes <input type="checkbox"/> No	

Atmosphere

Atmosphere of the confined space has been tested and confirmed to be satisfactory Yes No

Atmospheric Test Results:

Oxygen: % Flammable airborne contaminants: %LEL

Other gases: ppm (less than ppm)

ppm (less than ppm)

Other airborne contaminants:

Continuous monitoring of the atmosphere required Yes No

Ventilation or purging required? Yes No

Personal Protective Equipment

Respiratory protection Yes No Supplied-air respirator Yes No

Emergency response respiratory protection Yes No Harness/lifeline Yes No

Eye protection Yes No Hand protection Yes No

Safety boots Yes No Protective clothing Yes No

Hard hat Yes No Hearing protection Yes No

Personal atmospheric monitoring equipment Yes No Other (specify):

Other Precautions

Warning notices/barricades Yes No Smoking prohibited Yes No

Eye wash facilities Yes No Safety Data Sheets available Yes No

Intrinsically safe equipment Yes No

Other (specify):

Additional Permits Required

Hot Work Yes Fire System Impairment Yes

Excavations and Penetrations Yes Work at Height and BMU Yes

Critical Lifts Yes Roof Access Yes

Stand-by Persons

Number of Stand-By Persons required (specify):

Names of Stand-by Persons:

Method of continuous communication (specify):

Permit Approval

Copy of SWMS or risk assessment attached? Yes

This permit is valid from:

Start Date:

Time:

Expiry Date:

Time:

I understand the permit requirements and the controls specified will be implemented and monitored for effectiveness throughout the works:

Permit Receiver:

Signature:

Permit Issuer:

Signature:

Persons Required to Enter the Confined Space

I am suitably competent and have been advised of and understand the risk control measures and precautions to be observed during entry and completion of tasks in the confined space. I have read and understand the risk assessment, including risk controls, relating to the confined space entry.

Entry

Name

Date

Time

Exit

Name

Date

Time

Permit Close Out

I have checked the worksite and confirm that all persons and tools are accounted for and that the site has been made safe:

Date:

Time:

Permit Receiver:

Signature:

Permit Issuer:

Signature: