Confined Space Entry Permit HS-FR-10-03

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| Centre/Location: |  | | | | | Date: |  |  |
|  |  | | | | |  |  |  |
| Company Name: |  | | | | | | |  |
|  |  | | | | | | |  |
| Permit Receiver: |  | | | Contact Phone: | | |  |  |
|  |  | | |  | | |  |  |
| Description of Work: |  | | | | | | |  |
|  |  | | | | | | |  |
| Location of Work/Confined Space Reference: | |  | | | | | |  |
|  | |  | | | | | |  |
| Permit Issuer Name: |  | | Vicinity Centres Position: | |  | | |  |
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| Mandatory Requirements | | |
| Confined space register reviewed |  | Yes |
| Appropriate SWMS or risk assessment in place |  | Yes |
| Personnel hold appropriate confined space competencies including Stand-by Person(s) |  | Yes |
| Emergency procedures have been developed and are understood by relevant persons |  | Yes |
| Emergency procedures have been tested/rehearsed |  | Yes |
| Confined space signage to be always erected while the confined space is accessible |  | Yes |
| Appropriate first aid kit readily available |  | Yes |

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

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| 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):** |  | | | | |  |
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| 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):** |  | | | | | | | | | |  |
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| 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 | |

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| Stand-by Persons | | | |  |
|  |  | |  |  |
| Number of Stand-By Persons required **(specify):** |  | | |  |
|  |  | |  |  |
| Names of Stand-by Persons: |  | | |  |
|  |  | | |  |
| Method of continuous communication **(specify):** |  | | |  |
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| 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: | |  | |  |
|  | | |  | | | | | | |  |

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| 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. |

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| Entry | | | Exit | | | |
| **Name** | **Date** | **Time** | **Name** | **Date** | **Time** |
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| Permit Close Out | | | | | |  |
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| 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: |  |  |
|  | |  | | | |  |