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 |       |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| Entry | Exit |
| **Name** | **Date** | **Time** | **Name** | **Date** | **Time** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

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| 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: |       |  |
|  |  |  |