

Confined space entry permit

Date required from: _____ Time required from: _____ (am/pm)

Date required until: _____ Time required until: _____ (am/pm)

Description of work (reason for entry): _____

Location of work: _____

Name of competent person in direct control: _____

Names of person(s) (entrants) permitted to enter space (include name(s) of their department / business):

ISOLATION

Space needs to be isolated from (choose all that apply and indicate the isolation location and method):

Water / gas/ steam / chemicals _____

Mechanical / electrical drives _____

Auto fire extinguishing systems _____

Hydraulic / electric / gas / power _____

Sludge / deposits / wastes _____

Locks and / or tags have been affixed to isolation points Yes / No

ATMOSPHERE

The lower exposure limit (LEL) for any flammable gas, vapour or mist must be less than 5% of the (LEL). If this level is between 5% but less than 10% (not at or greater), the worker must be immediately removed from the space unless a continuous monitoring flammable gas detector is used in the space.

If the LEL is equal to or greater than 10% the worker must be removed from the space.

The atmosphere in the confined space had been tested Yes / No

Results of test:

Oxygen	Flammable gases	Other gases
_____ %	_____ %LEL	_____ ppm (less than ____ ppm)
_____ %	_____ %LEL	_____ ppm (less than ____ ppm)

Other airborne contaminants:

The conditions for entry are as marked below:

1. With supplied air breathing apparatus Yes / No
2. Without respiratory protection Yes / No
3. With escape unit Yes / No

HOT WORK

Area clear of all combustibles including atmosphere Yes / No

Type of appropriate fire prevention equipment available:

Suitable access and exit, allowing for emergency procedures Yes / No

Hot work permitted Yes / No

PERSONAL PROTECTIVE EQUIPMENT

Choose all that apply and describe the type of PPE:

Respiratory protection _____

Harness / lifelines _____

Eye protection _____

Hand protection _____

Footwear _____

Protective clothing _____

Hearing protection _____

Safety helmet _____

Communication method with entrants (circle): Voice Radio Mobile Visual Other (specify):

Other _____

OTHER PRECAUTIONS

Warning notices / signs / barricades Yes / No

All persons have been trained Yes / No

Continual air monitoring is required Yes / No

Notes:

EMERGENCY RESPONSE

Procedures / equipment _____

Note: The entry and exit to the confined space must be large enough to allow emergency access. Emergency plant and equipment must be in good working order

STANDBY PERSON

Name: _____

Procedures / equipment _____

AUTHORITY TO ENTER

The control measures and precautions appropriate for the safe entry and execution of the work in the confined space have been implemented and persons required to work in the confined space have been advised of and understand the requirements of this written authority.

Signed (person in direct control) _____ Date: _____ Time: _____ (am/pm)

This written authority is valid until _____ Date: _____ Time: _____ (am/pm)

SIGN-OFF

This permit is revoked and all persons are out of the confined space and the confined space is secured

Signed (person in direct control) _____ Date: _____ Time: _____ (am/pm)

Note: this Confined space entry permit must be kept until the works is completed, unless there is a notifiable incident in which case it must be kept for 2 years.