



# CONFINED SPACE ENTRY PERMIT

The permit must be kept for a minimum of 1 year (or if a notifiable incident occurs, for at least 2 years) after the confined space work to which the permit relates is completed.

| 1. GENERAL DETAILS  |  |             |        |                          |                |              |                          |                          |
|---|--|-------------|--------|--------------------------|----------------|--------------|--------------------------|--------------------------|
| Name of Permit Requestor:   |  |             |        | Name of Permit Approver: |                |              |                          |                          |
| Details of confined space: Building:  |  | Location:   |        | Other:                   |                |              |                          |                          |
| Description of work:  |  |             |        |                          |                |              |                          |                          |
| Time period during which work will be carried out in the space:   |  |             |        |                          |                |              |                          |                          |
| Permit Validity: Start Date:  |  | Start Time: |        | Finish Date:             |                | Finish Time: |                          |                          |
| 2. ISOLATION  |  |             |        |                          |                |              | YES                      | NO                       |
| Does the space need to be isolated from any services? If yes provide detail on the following:   |  |             |        |                          |                |              | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Service to isolate:   |  |             |        |                          |                |              |                          |                          |
| ▪ Method of Isolation:  |  |             |        |                          |                |              |                          |                          |
| ▪ Location of the source:   |  |             |        |                          |                |              |                          |                          |
| 3. ATMOSPHERIC PRESSURE   |  |             |        |                          |                |              | YES                      | NO                       |
| Normal atmospheric pressure has been established before entering the space.   |  |             |        |                          |                |              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ATMOSPHERIC TESTING AND MONITORING   |  |             |        |                          |                |              | YES                      | NO                       |
| Is the atmosphere within the confined space required to be continuously monitored?  |  |             |        |                          |                |              | <input type="checkbox"/> | <input type="checkbox"/> |
| If no explain why   |  |             |        |                          |                |              |                          |                          |
| Testing Instrument: Make:   |  | Model:      |        |                          | Serial Number: |              |                          |                          |
| Test Required?  | Test Frequency   | Time        | Tester | Result                   | Time           | Tester       | Result                   |                          |
| O <sub>2</sub> (%) <input type="checkbox"/> Y <input type="checkbox"/> N<br>Safe value 19.5%-23.5%  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Ongoing |             |        |                          |                |              |                          |                          |
| LEL (%) <input type="checkbox"/> Y <input type="checkbox"/> N<br><5% of LEL   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Ongoing |             |        |                          |                |              |                          |                          |
| H <sub>2</sub> S (ppm) <input type="checkbox"/> Y <input type="checkbox"/> N<br>STEL 15 ppm TWA 10 ppm  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Ongoing |             |        |                          |                |              |                          |                          |
| CO (ppm) <input type="checkbox"/> Y <input type="checkbox"/> N<br>TWA 30ppm   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Ongoing |             |        |                          |                |              |                          |                          |
| Other <input type="checkbox"/> Y <input type="checkbox"/> N   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Ongoing |             |        |                          |                |              |                          |                          |
| 5. PURGING  |  |             |        |                          |                |              | YES                      | NO                       |
| Is purging, cleaning or ventilation required to make the area safe?   |  |             |        |                          |                |              | <input type="checkbox"/> | <input type="checkbox"/> |
| If entering the confined space is required to undertake purging, cleaning or ventilation activities, has supplied-air respiratory equipment been provided to workers?   |  |             |        |                          |                |              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. COMMUNICATION AND SAFETY MONITORING  |  |             |        |                          |                |              | YES                      | NO                       |
| Has a system of work been provided that includes continuous communication from outside the space with workers inside the space and monitors condition within the confined space by a standby person?  |  |             |        |                          |                |              | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Name of stand-by person</b>  |  |             |        |                          |                |              |                          |                          |
| Detail communication and safety monitoring system   |  |             |        |                          |                |              |                          |                          |
| 7. RISK ASSESSMENT  |  |             |        |                          |                |              | YES                      | NO                       |
| Has a risk assessment been completed that outlines potential hazards associated with entry into and work being undertaken in the space, including atmospheric and engulfment hazards, as well as control measures that will eliminate or manage the risk associated with these hazards? |  |             |        |                          |                |              | <input type="checkbox"/> | <input type="checkbox"/> |



| 8. EMERGENCY PLAN | YES | NO |
|-------------------|-----|----|
|-------------------|-----|----|

|  |                          |                          |
|--|--------------------------|--------------------------|
| Has an emergency plan been developed for this work?          | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the emergency plan suitable for the location of the work? | <input type="checkbox"/> | <input type="checkbox"/> |

| 9. AUTHORISED ENTRANTS |
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List workers who are authorised to enter the confined space during the permit validation period. Ensure only workers who have been provided with suitable and adequate information, training and instruction are listed as authorised entrants.

|      |      |      |      |
|------|------|------|------|
| Name | Name | Name | Name |
| Name | Name | Name | Name |

| 10. ATTACHMENTS TO PERMIT |
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The following attachments supplement this permit:

Risk Assessment or see SafetyNet: UOW

Additional isolation details

Additional atmospheric testing and monitoring results

Emergency Plan

Communication Plan

Other:

| 11. AUTHORISATION TO ENTER CONFINED SPACE |
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Entry into this confined space is authorised based on the above results. Conditions for entry include:

Y  N - With supplied air respiratory equipment       Y  N - Ongoing atmospheric monitoring

Y  N - Without respiratory protection       Y  N - Other:

Y  N - With escape unit

**Permit Requestor:**      Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Permit Approver:**      Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Standby Person:**      Signature: \_\_\_\_\_      Date: \_\_\_\_\_

| 12. RECORD OF ENTRY |
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I have been advised of, and understand, the control measures and precautions to be observed with the entry and work in this confined space.

| Name | Signature | ENTRY Time | Signature | EXIT Time |
|------|-----------|------------|-----------|-----------|
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| 13. PERMIT CLOSURE |
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At the cessation of work the Permit Requestor and the Permit Approver are to sign off that the working area has been left in a safe condition, and that all persons have left the confined space.

**Permit Requestor:**      Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Permit Approver:**      Signature: \_\_\_\_\_      Date: \_\_\_\_\_