

Confined Space Entry Permit

Number: 110012

Location of Work:	Type of Work:.....
.....
Site / Hatch / Area ID:.....
Work Is Authorised for: Date: Time:	Authorised by: Signed: Date: / /

PEOPLE AUTHORISED TO ENTER CONFINED SPACE	Trained	Entry		Exit	
		Time	Signed	Time	Signed
(Person In Control)	<input type="checkbox"/>	:		:	
(Standby Person)	<input type="checkbox"/>	:		:	
	<input type="checkbox"/>	:		:	
	<input type="checkbox"/>	:		:	
	<input type="checkbox"/>	:		:	

EXPECTED HAZARDS OF SPACE			
<input type="checkbox"/> Unsafe oxygen levels	<input type="checkbox"/> Risk of engulfment	<input type="checkbox"/> Fumes or gasses	<input type="checkbox"/> Explosive environment
<input type="checkbox"/> Slips / Trips / Falls	<input type="checkbox"/> Heat / Cold	<input type="checkbox"/> Airborne Contaminants	<input type="checkbox"/> Manual handling
<input type="checkbox"/> Biohazards	<input type="checkbox"/> Mechanical / Electrical	<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Steam / Water / Gas
		<input type="checkbox"/> Noise levels	<input type="checkbox"/> Hot work
Other:			

VENTILATION METHOD	<input type="checkbox"/> Natural	<input type="checkbox"/> Purging	<input type="checkbox"/> Inerting	<input type="checkbox"/> Other	Details:
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(P.P.E.) REQUIRED	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Gloves
<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Harness/Lifeline	<input type="checkbox"/> Suitable Footware	<input type="checkbox"/> Breathing Apparatus
<input type="checkbox"/> Safety Helmet	Other:		

ISOLATION REQUIRED FROM	Needed	Initial	Time	ISOLATION REQUIRED FROM	Needed	Initial	Time
Water / Gas / Steam				Mechanical / Electrical Drives			
Fire Extinguishing Systems				Sludge / Deposits / Wastes			
Chemicals / Substances				Grains / Dust / Chips			
Other:				Other:			
Isolation method:				Locks / Tags fixed to isolation points <input type="checkbox"/>			

OTHER CHECKS	Hot Work Permit Required? YES / NO	Intrinsically Safe Equipment Needed? YES / NO
BA Required? YES / NO	Signs/Barricades Up? YES / NO	Fire Fighting/Protection Equipment Needed? YES / NO
Comms Organised? YES / NO	Rescue Plan Complete? YES / NO	Equipment needed for rescue is available? YES / NO

OTHER CONTROLS

GAS TESTING REGIME	<input type="checkbox"/> Before entry	<input type="checkbox"/> Every _____ mins	<input type="checkbox"/> As required	<input type="checkbox"/> Continuously
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ATMOSPHERE GAS TESTING EQUIPMENT			
ID No.:	Calibrated <input type="checkbox"/> Battery Charged <input type="checkbox"/> Inspected <input type="checkbox"/>	ID No.:	Calibrated <input type="checkbox"/> Battery Charged <input type="checkbox"/> Inspected <input type="checkbox"/>
ID No.:	Calibrated <input type="checkbox"/> Battery Charged <input type="checkbox"/> Inspected <input type="checkbox"/>	ID No.:	Calibrated <input type="checkbox"/> Battery Charged <input type="checkbox"/> Inspected <input type="checkbox"/>

ATMOSPHERE/ GAS TESTS	Entrance/Exit			Other tests (Should include top centre and bottom of space)						
	Before Opening	Slightly Ajar	Fully Open	1	2	3	4	5	6	7
TIME:	:	:	:	:	:	:	:	:	:	:
% of Oxygen										
% of LEL										
Carbon Monoxide - CO										
Hydrogen Sulfide - H ₂ S										
Other:										
Other:										

EXITING SPACE CHECKLIST			
All persons accounted for <input type="checkbox"/>	Tools/Equipment Checked <input type="checkbox"/>	Gas Monitors Checked & Returned <input type="checkbox"/>	Permit complete <input type="checkbox"/>
Signed (Person in Control):		Date:	Time:

This Con ined Spaces Entry Permit can be purchased at www.easyguides.com.au - or phone 1300 733 220

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WORK AND PEOPLE

HAZARDS AND CONTROLS

GAS/ATMOSPHERE TESTING

EXIT