



Form: Water, Electrical & Gas Isolation Permit

Contractor's Name and Company

Description of Work

Location of work

This permit is valid for **24 hours** and must be:

- Completed by the person performing the work prior to the commencement of any work requiring water, electricity (Permit not required for LOTO of individual equipment isolation,) and/or gas isolation to an entire block.
- Checked by the Campus Manager, Facilities & Services or delegate prior to work commencing.
- Provided not required for changing light globes, however a Safe Work Method Statement, Job Safety Analysis or similar is still required.

Assessment and Controls

YES NO N/A

Safety requirements have been assessed and controls included in Work Method Statement:

The energy source can be adequately and safely isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any safety equipment to be used has been maintained and checked prior to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel conducting the work are trained and licences / competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate fire protection for the work being conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Purging and Ventilation

YES NO N/A

The measures listed below have been implemented:

Purging of space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation of space prior to entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous ventilation throughout work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Atmospheric Test Required

YES NO N/A

The test equipment has been calibrated and the atmosphere has been tested for:

Safe oxygen level – specify result: <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric contaminants – specify below contaminants, concentrations and compare with exposure standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable atmosphere – specify result: <input type="text"/> % LEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of chemicals – specify below, chemicals to be used in the confined space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No other chemical other than those listed below, may be taken into the confined space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			

Personal Protective Equipment

YES NO N/A

The following equipment must be worn:

Supplied-air respirators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air purifying respiratory protective devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety harness and / or safety line or lifeline / rescue line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye / hand / hearing protectors (circle as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – specify here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stand-by Personnel and Rescue Arrangements

YES NO N/A

The following arrangements have been made:

Stand-by person(s) specify here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative to stand-by – specify here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rescue / emergency procedures understood and posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Control Measures

YES NO N/A

The measures listed below have been implemented:

Smoking banned in confined space and adjoining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning notices / barricades in position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special precautions – specify here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorised Personnel

Time In Time Out

The below personnel are authorised to enter this space:

Name _____	am/pm	am/pm
Name _____	am/pm	am/pm
Name _____	am/pm	am/pm
Name _____	am/pm	am/pm
Name _____	am/pm	am/pm

Name of Contractor's Supervisor _____

Date / /

Signature _____

NOTE: NO WORK CAN COMMENCE UNTIL PERMIT IS AUTHORISED BY SOUTH REGIONAL TAFE

OFFICE USE ONLY**Confined Space Entry Authorisation**

Permit No:	Permit valid from:	am/pm	on	/	/	to		am/pm	on	/	/
Name of SRTAFE Contact								Date	/	/	
Signature											

Completion of Work

I have inspected the worksite at the completion of works. I confirm that all persons have exited the confined space (as above) and have declared the space safe for normal operations to resume.

Name of SRTAFE Contact								Date	/	/
Signature										

Related documents

Policy: OSH Statement of Commitment and Intent