



# Form: Confined Space Permit

Contractor's Name and Company \_\_\_\_\_

Description of Work \_\_\_\_\_

Location of & description of confined space \_\_\_\_\_

## Isolation of Confined Space

**YES NO N/A**

*The items below have been isolated or made safe:*

Pipelines (water, steam gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical / electrical drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sludges / deposits / waste / other harmful materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning notices, locks or tags affixed to means or isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify:	<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="checkbox"/>	<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: Work Health and Safety

Process: Confined Space and Restricted Space Entry