# FORM-04. Confined Space Entry Permit

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| **Location (incl. address):** | **Name of Site:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of Confined Space:** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of Confined Space access** | Ladder  Other: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of Work:** |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipment/chemicals to be used in Confined Space:** | **Equipment** | | | | | | | | | | | **Chemicals** | | | | | | | | | | | | | | |
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| **Entry Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | | | **Required** | | | **If Yes, complete the following section** | | | | | | | | | | | | | | | | |
| Isolation | | | | | | | Yes No | | | Section 1 | | | | | | | | | | | | | | | | |
| Atmospheric Testing | | | | | | | Yes No | | | Section 2 | | | | | | | | | | | | | | | | |
| Purging and Ventilation | | | | | | | Yes No | | | Section 3 | | | | | | | | | | | | | | | | |
| Lighting | | | | | | | Yes No | | | Section 4 | | | | | | | | | | | | | | | | |
| Communication | | | | | | | Yes No | | | Section 5 | | | | | | | | | | | | | | | | |
| Traffic/Pedestrian Control | | | | | | | Yes No | | | Section 6 | | | | | | | | | | | | | | | | |
| Personal Protective Equipment | | | | | | | Yes No | | | Section 7 | | | | | | | | | | | | | | | | |
| Emergency Arrangements | | | | | | | Yes No | | | Section 8 | | | | | | | | | | | | | | | | |
| Person(s) acting as Standby | | | | | | | Yes No | | | Section 9 | | | | | | | | | | | | | | | | |
| Person(s) Entering Confined Space | | | | | | | Yes No | | | Section 10 | | | | | | | | | | | | | | | | |
| Hot Work Permit | | | | | | | Yes No | | | Section 11 | | | | | | | | | | | | | | | | |
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| **Section 1: Isolation** | | **Item** | | | | | | | | | | | | | | | | | | | | **Check**  **Yes No N/A** | | | | |
| Electrical Devices/Services shut off and tagged | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Hydraulic Valves shut off and tagged | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Mechanical Devices shut off and tagged | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Gas pipes shut off and tagged | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Water pipes shut off and tagged (incl. Fire suppression) | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Other: | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Other: | | | | | | | | | | | | | | | | | | | |  | | |  |  |
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| **Section 2: Atmospheric Testing** **(Must be conducted by an Approved Person)** | | | | **Test Results** | | | | | | | | | | | | | | | | | | | | | | |
| **Gas** | | | | **Result** | | | | | | | | | **Safe Levels Required** | | | | | | | | | |
| Oxygen | | | | % | | | | | | | | | Between 19.5-23.5% | | | | | | | | | |
| Carbon Monoxide | | | | ppm | | | | | | | | | <30 ppm | | | | | | | | | |
| Hydrogen Sulphide | | | | ppm | | | | | | | | | <5 ppm | | | | | | | | | |
| Explosive Gas | | | | %LEL | | | | | | | | | <5% of gas LEL | | | | | | | | | |
| Other: | | | |  | | | | | | | | |  | | | | | | | | | |
| **Continuous monitoring required:** | | | | | | | | | | | | | Yes No | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 3: Purging and Ventilation** | | | | | Purging Required | | | | Yes No | | | | | | Gas Used: | | | | | | | | | | | |
| Ventilation Required | | | | | | | | | Natural | | | | | | | | | Yes  No | | | |
| Forced | | | | | | | | | Yes  No | | | |
| Ventilation Required for the duration of the work | | | | | | | | | | | | | | | | | | Yes No | | | |
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| **Section 4: Lighting** | | | | | Temporary Lighting Required | | | | | | | | | | | | | | | | | | Yes No | | | |
| Type: | | | | | | | | | | | | | | | | | | | | | |
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| **Section 5: Communication** | | | | | Continuous communication in place: | | | | | | | | | | | | | Yes | | | | | | | | |
| Detail: radio, voice, visual, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
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| **Section 6: Traffic/Pedestrian Control** | | | | | Barricading | | | | | | | | | | | | | | | | Yes No | | | | | |
| Signage | | | | | | | | | | | | | | | | Yes No | | | | | |
| Traffic Control Contractors Engaged | | | | | | | | | | | | | | | | Yes No | | | | | |
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| **Section 7: Personal Protective Equipment** | | | | | Hand Protection | | | | | | | | | Supplied Air Respirator | | | | | | | | | | | | |
| Eye Protection | | | | | | | | | Self Rescue Respirator | | | | | | | | | | | | |
| Safety Boots | | | | | | | | | Protective Clothing | | | | | | | | | | | | |
| Safety Helmet | | | | | | | | | Hearing Protection | | | | | | | | | | | | |
| Airline | | | | | | | | | Fall Arrest/Harness | | | | | | | | | | | | |
| Face mask | | | | | | | | | Other: | | | | | | | | | | | | |
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| **Section 8: Emergency Arrangements** | | | | | First Aid Kit | | | | | | | | | Fire Extinguisher | | | | | | | | | | | | |
| Safety/Lifeline | | | | | | | | | Other: | | | | | | | | | | | | |
| Emergency Contact Numbers: | | | | | | | | | | | | | | **000** | | | | | | | |
| SES: | | | | | | | | | | | | | | **13 2500** | | | | | | | |
| Site Supervisor: | | | | | | | | | | | | | |  | | | | | | | |
| Other: | | | | | | | | | | | | | |  | | | | | | | |
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| **Section 9: Person(s) Acting as Standby** | | | | | **Name** | | | | | | | | | | | | | | | | | | | **CSE Ticket Valid** | | |
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| **Section 10: Person(s) Entering Confined Space** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand the procedures required for entry and work in the confined space and the protective measures and equipment to be used. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | **Signature** | | | | | | | | | | **CSE Ticket Valid** | | | | | | | **Entry Time** | | | | **Exit**  **Time** | | |
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| **Section 11: Hot Work Permit** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following precautions have been implemented: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area cleared of combustible material within 15 metres | | | | | | | | |  | | Sparks from height contained | | | | | | | | | | | | | | |  |
| Non-removable combustibles wet down | | | | | | | | |  | | Warning signs in place | | | | | | | | | | | | | | |  |
| Coatings stripped for a distance of more than 150mm | | | | | | | | |  | | Safe access and egress | | | | | | | | | | | | | | |  |
| The area below/adjacent to the job cleared | | | | | | | | |  | | Firewatcher in place | | | | | | | | | | | | | | |  |
| Drains within 15 metres covered with fire blankets | | | | | | | | |  | | Fire blanket at site | | | | | | | | | | | | | | |  |
| Welder/gas bottles located more than 8 metres from the entry | | | | | | | | |  | | Fire Extinguisher: Type - | | | | | | | | | | | | | | |  |
| Electric leads/gas hoses placed correctly | | | | | | | | |  | | Water hose tested/running | | | | | | | | | | | | | | |  |
| Electric welders earthed as close to the weld point as possible | | | | | | | | |  | | Electrical trace on pipes isolated | | | | | | | | | | | | | | |  |
| Other (please specify): | | | | | | | | |  | | Equipment in good condition | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Authority to Perform Hot Work**  **(To be completed by a Competent person)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have personally checked the above precautions and consider it safe to carry out this work. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Signature** | | | | | | | | | | **Date** | | | | | | | **Time** | | | |
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| **Approval To Enter**  **(To be completed by a Competent person)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The confined space described above is, in my opinion, in a safe condition for the work to be done, provided that the precautions above are fully observed and all persons are properly trained to perform this work. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Signature** | | | | | | | | | | **Date** | | | | | | | **Time** | | | |
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| **Job Completion**  **(To be completed by a Competent person)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All personnel have exited the space, and all tools/equipment/ chemicals have been removed from the space. The area has now been made safe. No further entries are permitted without a new entry permit. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Signature** | | | | | | | | | | **Date** | | | | | | | **Time** | | | |
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| **This Confined Spaces Entry Permit is only valid for the date of issue and must be kept for 30 (thirty) days after this date.** | | | | | | | | | | | | | | | | | | | | | | | | | | |