# 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[ ]  |
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| **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 | [ ]  |
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| **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.** |