

Confined Space Entry Permit

HS-FRM-006



Confined Space Location:		Nature of Confined Space:							
Address (If applicable):									
Nature of work to be undertaken:									
Task Supervisor: (Please print name)		Signature:							
<i>Instructions: Complete JHA (Refer to HS-SWMS-006 Confined Space Entry) prior to commencing confined spaces work.</i>									
Confirm the following items	Required	Initial	Confirm the following items	Required	Initial				
Are all Isolation Points identified.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Personal Protective Equipment.	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Locks & tags fitted to Isolations.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Emergency Rescue Plan.	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Personal atmospheric testing device.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Communication Equipment.	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is Hot Work required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Has Hot Work Permit been obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Rescue Equipment	Required	Initial	Rescue Equipment	Required	Initial				
Self-Contained Breathing Apparatus (SCBA)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Intrinsically Safe Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Tripod	Yes <input type="checkbox"/> No <input type="checkbox"/>		Harness / Lifeline	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Winch	Yes <input type="checkbox"/> No <input type="checkbox"/>		Fire Extinguisher/s	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Davit Arm	Yes <input type="checkbox"/> No <input type="checkbox"/>		First Aid Kit / Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Emergency Rescue Plan									
The site-specific Emergency Rescue Plan is to be attached to this permit after discussion with all workers and prior to commencing confined space work.									
Continuous Atmospheric Testing									
<ul style="list-style-type: none"> Continuous monitoring of the atmosphere is to be undertaken whilst confined space entrants are in the space. All personnel within the confined space will exit upon alarm activation or on instruction. No person will enter a confined space for any purpose while there are unsafe gas detector readings. 									
Name of Gas Tester:			Signature:						
Gas Detector									
Check & Record the serial number and calibration date for each gas detector used:									
Detector 1 S/N		Date	/	/	Detector 2 S/N		Date	/	/
Pre-entry Atmospheric Test									
Item	Oxygen	Flammable	Carbon Dioxide	Carbon Monoxide	Chlorine Gas	Hydrogen Sulphide			
Safe Range	> 19.5% -23.5%<	< 5% LEL	< 5,000 ppm	< 30 ppm	< 1 ppm	< 10 ppm			
Location									
Time/s:									
Time/s:									
Time/s:									



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Authority to Enter:

The JHA has been completed.

The Emergency Rescue Plan has been completed and Rescue Equipment has been checked and is in place.

All required precautions for the safe entry and performing the tasks have been implemented.

This written authority is valid until end of shift (up to a maximum of 24 hours).

Permit authorised by:		Date:	/ /	Time:	am / pm
Signature:					

Entry & Exit Record

Confined space entrants must sign & acknowledge the time they entered & the time they exited the confined space.

Person's name and signature	Time in	Time Out	Person's name and signature	Time in	Time Out
Sentry Start & Finish Record	Start	Finish	Sentry Start & Finish Record	Start	Finish

Site Reinstatement / Permit Close Out

All work associated with this confined space has been completed.

All confined space entrants have exited the confined space & have been accounted for.

All isolations and other precautions can now be removed & the confined space returned to normal operation.

Permit closed out by:		Date:	/ /	Time:	am / pm
Signature:					

