

CONFINED SPACE ENTRY PERMIT

GENERAL	DATE:
Location of work:	
Description of work:	
Is there a need to enter the confined space:	Yes No
Contractors engaged:	
Responsible person appointed:	

CONTROL MEASURES																				
Isolation	Personal Protective Equipment (PPE)																			
Space needs to be isolated from: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; vertical-align: bottom;">Location/Method</td> </tr> </table> Water/gas/steam/chemicals Mechanical/electrical drives Auto fire extinguishing systems Hydraulic/electric/gas/power Sludge/deposits/wastes Locks and/or tags have been fixed to isolation points Yes No		Location/Method	The following PPE shall be worn: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; vertical-align: bottom;">Specify Type</td> </tr> </table> Respiratory protection Harness/lifelines Eye protection Hand protection Footwear Protective clothing Hearing protection Safety helmet inc chinstrap Communication equipment Mechanical rescue device Tripod or equivalent Other					Specify Type												
	Location/Method																			
	Specify Type																			
Signed:	Signed:																			
Atmosphere	Other precautions																			
The atmosphere in the confined space has been tested Yes No <u>Results of test:</u> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 25%; padding: 2px;">Pre-Entry</th> <th style="width: 15%; padding: 2px;">Alarm</th> <th style="width: 15%; padding: 2px;">Ventilation</th> <th style="width: 15%; padding: 2px;">Retest</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Oxygen</td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Flammable gases</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Other gases</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Pre-Entry	Alarm	Ventilation	Retest	Oxygen				Flammable gases				Other gases				Warning notices/barricades Smoking prohibited All persons have been trained Ventilation requirements			
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Emergency Response																				
<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 25%; padding: 2px;">Cont-Monitor</th> <th style="width: 15%; padding: 2px;">Alarm</th> <th style="width: 15%; padding: 2px;">Ventilation</th> <th style="width: 15%; padding: 2px;">Retest</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Oxygen</td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Flammable gases</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Other gases</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> The conditions for entry are as follows: a) Air supplied respiratory protection Yes No b) Other respiratory protection Yes No c) Escape Unit Yes No	Cont-Monitor	Alarm	Ventilation	Retest	Oxygen				Flammable gases				Other gases				A plan has been developed Yes No The plan has been rehearsed Yes No Emergency equipment is available Yes No Procedures and equipment:			
Cont-Monitor	Alarm	Ventilation	Retest																	
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Signed:																				

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Hot Work	Stand-by Personnel
<p>Area clear of all combustibles including the atmosphere Yes No</p> <p>Type of appropriate fire prevention equipment available Yes No</p> <p>Suitable access and exit Yes No</p> <p>Hot work is permitted Yes No</p> <p>Signed: _____</p>	<p>Stand by persons/s</p> <p>Stand-by person requirements</p> <p>Signed: _____</p>

Authority To Enter	
<p>The control measures and precautions appropriate for the safe entry and execution of the work in the confined space have been implemented and the persons required to work in the confined space have been advised of and understand the requirements of this written authority.</p>	
Signed _____	(person in direct control)
Date _____	Time _____
Signed _____	(person working in confined space)
Date _____	Time _____
The written authority is valid until _____	Date _____ Time _____

Persons Required To Enter Confined Space						
I have been advised of and understand the control measures and the precautions to be observed with the entry and work in the confined space.						
Entry			Exit			
Name	Date	Time	Sign	Date	Time	

Withdrawal of Written Authority	
All persons and equipment accounted for	Yes No
Equipment checked and restored correctly	Yes No
Signed _____	(Person in direct control) Date _____ Time _____
Remarks or comments about the work	