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| **CONFINED SPACE ENTRY PERMIT** |

**This permit must only be used in conjunction with a Permit to Work**

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| **APPLICATION FOR CONFINED SPACE ENTRY PERMIT** | | | |
| **ACU Permit to Work Reference** [see Permit to Work] | **PTW-** | | |
| **Contractor** |  | **Tel:** |  |
| **Contractor’s Supervisor** |  | **Tel:** |  |
| **Location of Work** |  | | |
| **Permit Valid From** [see Permit to Work] | Date: / / Time: am/pm | | |
| **Permit Valid Until** [see Permit to Work] | Date: / / Time: am/pm | | |

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| **Description of work to be undertaken:** | | | | |
| **Plant and Equipment Involved:** | | | **Serviced/maintained (records available)**  Yes No | |
| **Risk assessment completed and attached** *(tick)* |  | **Safe Work Method Statement (SWMS) for work produced and attached** *(tick)* | |  |

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| **A risk assessment and Safe Work Method Statement (SWMS) for the works must be attached to this permit. If conditions of this permit or the work site alter during the course of the works, the permit and associated SWMS must be revised to accommodate the changes.** |
| **SAFETY PRECAUTIONS** |

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| 1. | Supervision, permit application and works are undertaken by competent persons (ticketed where required). | Yes N/A | 7. | Rescue and emergency procedures in place, designated person, BA equipment with people trained on standby. | Yes N/A |
| 2. | Process where workers working or entering the space can be accounted for. | Yes N/A | 8. | Workers understand emergency procedures and are provided with communication. | Yes N/A |
| 3. | Confined space signage erected if permanent signage not in place: “DANGER. CONFINED SPACE. ENTRY BY PERMIT ONLY’. | Yes N/A | 9. | For hot works (further hot works permit will be required):   * Area clean and free of combustible materials (within 15m). * Drains, pits & depressions checked, isolated and sealed * Measures to control sparks/slag implemented * Appropriate fire-fighting equipment checked and provided * Flash back arrestors fitted, power leads and hoses off the ground, no sharp edges, bottles restrained | Yes N/A  Yes N/A  Yes N/A  Yes N/A  Yes N/A |
| 4. | The items below have been checked & isolated where required:   * Pipelines (water, steam, gas, fuel, etc) * Electrical services identified, isolated and danger tagged * Mechanical plant or equipment * Harmful materials (dusts / fumes / gases / chemicals) * Isolation/danger/lock-out tags in place on any plant | Yes N/A  Yes N/A  Yes N/A  Yes N/A  Yes N/A |
| **For isolations, list the associated isolation Permit(s) to Work**: | | **Hot work Permit to Work reference:** | |
| 5. | Atmospheric gas checked and verified safe prior to entry / works (oxygen rich or deficient & other contaminants listed below)   * (Oxygen) ……………………………….. * ( ) …..…………………….….. * ( ) ……..……………………... * ( ) …….……………..……….. | Yes N/A  Yes N/A  Yes N/A  Yes N/A | 10. | Has all appropriate PPE been checked and made available?   * Supplied-air respirators * Safety belt, harness, safety line or lifeline / rescue line * Air purifying respiratory protective device * Others as required by   SWMS: …………………………….………. | Yes N/A  Yes N/A  Yes N/A  Yes N/A |
| 6. | Confined space to be ventilated at all times | Yes N/A | 11. | Materials, equipment used for work in the confined space checked and verified for use. | Yes N/A |
| 6. | Works reviewed for compatibility with confined space. | Yes N/A | 12. | Intrinsically safe plant and equipment checked and verified | Yes N/A |
| **Circle Precautions above Yes: Applicable or N/A: Not Applicable** | | | | | |

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| **CONFINED SPACES ENTRY PERMIT continued…** |
| Other special precautions: |

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| **ENDORSEMENT – PERMIT HOLDER** | | | | |
| The works described and precautions outlined in the SWMS and this permit is (in my opinion) in a safe condition for the works to be done, provided the measures are fully observed. | | | | |
| Contractor’s Representative | Position / Organisation | Signature | Date | Time |
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| This section to be completed where required | | | | |
| **REVIEW – BUILDING OWNER/AUTHORISED PERSON** | | | | |
| This permit has been reviewed by the building owner and the works may proceed based on compliance with the requirements outlined in this permit and the respective Safe Work Method Statements, WHS legislation, Codes and Specifications. | | | | |
| Name | Position / Organisation | Signature | Date | Time |
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| **ISSUE OF PERMIT – AUTHORISED PERSON** | | | | |
| Name of person issuing permit | Position / Organisation | Signature | Date | Time |
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| **RECEIPT OF PERMIT – PERMIT HOLDER** | | | | |
| I confirm that only the work stated above will be carried out and all precautionary measures will be taken | | | | |
| Person in charge of entry | Position / Organisation | Signature | Date | Time |
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| **CANCELLATION OF PERMIT – AUTHORISED PERSON** | | | | |
| Person cancelling permit | Position / Organisation | Signature | Date | Time |
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