

## CONFINED SPACE ENTRY PERMIT

### 1. WORK DETAILS

Site Name:		Name of TASPORTS Person requesting works:	
Confined Space No.:		Exact location of equipment or plant:	
Confined Space Risk Assessment read and understood. (copy attached)		Person/Company undertaking the work:	
JSEA/SWMS read and understood. (Must have or work can not proceed)		Phone Number:	
List Equipment or Plant to be worked on:			
Brief description of work to be done: (Only work Listed may be done):			

### 2. HAZARD IDENTIFICATION AND CONTROL (ATTACH SEPARATE SHEET IF INSUFFICIENT SPACE)

HAZARD IDENTIFIED <i>Tick each applicable reference below and list and show risk control for each hazard. Other identified hazards to be shown in the empty lines below.</i>	TICK	CONTROLS (including isolations required and PPE)	TASPORTS Person Responsible	Non-TASPORTS Person Responsible
Is it impractical to conduct the work from outside the space?				
Is it likely the space contains flammable gas or vapour?				
Is combustible dust (e.g. wood chip dust) likely to be in the space?				
Is the space likely to be oxygen deficient?				
Does the space contain any moving parts?				
Is the space usually engulfed with: A (Liquid) B (Gas) C (Dust/Flour/Powder)?				
Is the space heated (Heat Exhaustion)?				
Is the space cooled (Hyperthermia)?				
Is the space A (above) B (below) atmospheric pressure?				
Will a temporary means of entry and exit be required?				
Does this work have documented work instruction or procedures?				
Does the atmosphere require the use of intrinsically safe equipment?				
Is there a risk of engulfment?				

LIST EQUIPMENT ISOLATED – AND TYPE OF ISOLATION USED Space needs to be isolated from	CHECKED BY:	
	TASPORTS Person Responsible	Non-TASPORTS Person Responsible
1. Water/gas/steam/chemicals:		
2. Mechanical/electrical drives:		
3. Auto fire extinguishing systems:		
4. Hydraulic/pneumatic/kinetic/electric/gas/power:		
5. Sludge/deposits/wastes:		
Locks and/or tags have been affixed to isolation points: YES <input type="checkbox"/> NO <input type="checkbox"/> Comments:		

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**PURGING AND VENTILATION** – Purging and ventilation measures listed below have been implemented:

☐ Purging of space
 ☐ Ventilation of Space
 ☐ Continual ventilation of space required

Describe method:

**Note while space occupied ventilation must be continued.**

**ATMOSPHERIC TESTING** – Confined Space Entry / Hot Work\* (\*if required)

Atmospheric testing to be conducted (circle one)
 ☐ Continuously
 Periodically – Note time of measurements Frequency? ☐

Calibration Date of Gas Detector Used:		Calibration Date of 2nd Gas Detector Used:		
Recommended Range	Oxygen (19.5% min – 23.5% max) (Pre Entry 20.9%)	CO2 (0.5% Max)	Other Gases ppm (include type of gas)	Flammable Gases (0% LEL before entry. Exit space at 5 % LEL)
<b>Pre Entry</b> Time:                      am / pm				
Entry 2      Time:                      am / pm				
Entry 3      Time:                      am / pm				
Entry 4      Time:                      am / pm				
Entry 5      Time:                      am / pm				
Entry 6      Time:                      am / pm				
Entry 7      Time:                      am / pm				
Entry 8      Time:                      am / pm				

**The Conditions for entry are as ticked below:**

☐ With supplied-air respiratory protective device
 ☐ With an air purifying (non air supplied) respiratory device
 ☐ With escape unit
 ☐ Without a respiratory protective device

### 3. HOT WORK (If applicable)

☐ Surrounding environment/Area clear of Combustibles Including Atmosphere
 ☐ Type of appropriate fire prevention equipment available: (List)
 ☐ All sparks from work above ground level contained completely by use of a suitable enclosure

☐ Electrical trace on pipes isolated hot work **IS / IS NOT** permissible inside this space (circle)
 ☐ Welding machine/gas cylinders earthed directly to equipment being welded as close to welding point as possible
 ☐ Need for fire watch (Detail):

☐ Power leads not draped across pipelines or access ways
 ☐ Drains covered with wet fire blankets
 ☐ Suitable Access and Egress

☐ Hot Work is permitted

Authorised Person Name:                      Signature:                      Date:

### 4. OTHER PRECAUTIONS

Warning Notices/barricades
 Yes ☐      No ☐
 Details if Yes:

### 5. TIME EXTENSION (If required)

Valid from:                      to                      Date:

Permit Issuer Signature :                      Permit Recipient Signature :  
 Date                      Date

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### 6. CONFINED SPACE ENTRY - Note: If proof of training/licence is not produced, entry into confined space is not permitted

Entrants Name	Entrants Signature	Time In	Time Out
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm
		am/pm	am/pm

PERSONAL PROTECTIVE EQUIPMENT (Tick if Applicable)			
<input type="checkbox"/> Supplied-air respirators	<input type="checkbox"/> Protective clothing	<input type="checkbox"/> Eye protection	<input type="checkbox"/> Communication Equipment
<input type="checkbox"/> Air purifying respiratory protective devices	<input type="checkbox"/> Hand protection	<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Other: (Specify)
<input type="checkbox"/> Safety harness and/or safety line or lifeline/rescue line	<input type="checkbox"/> Foot protection	<input type="checkbox"/> Head protection	

### 7. STANDBY PERSON - If proof of training/licence is not produced. Person is not permitted to act as Standby Person

Standby Persons Name	Standby Signature	Training Verified	On Duty	Off Duty
			am/pm	am/pm
			am/pm	am/pm
			am/pm	am/pm
			am/pm	am/pm

### EMERGENCY /RESCUE PLAN – Confined Space Incident (discuss and detail below rescue plan involving a confined space incident – Also refer to Risk Assessment)

Procedures/Equipment required (attach separate rescue plan if required):

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### 8. AUTHORISATION

**Permit Issuer** – I have discussed the work to be performed with the recipient, the hazards identified and the agreed methods of work. I authorise the work specified to proceed, provided the precautions listed on this permit and attached documentation are observed. **Note: If the permit issuer leaves the site and work is not complete, full hand over must occur and new permit issuer must countersign permit.**

Name:

Signature:

Date:

**Permit Valid from (Date/Time):**
**To (Date/Time):**

**Permit Recipient Directly Managing Work** – I have assessed and discussed the work to be performed with the permit issuer and agree to comply with all agreed controls, site safety requirements and with all provisions of this permit, and to explain and enforce those provisions with all persons under my responsibility.

Name:

Signature:

Date:

Time:

### 9. PERMIT HANDOVER / PERMIT FINALISATION

☐ Work not complete, handover completed

**Permit Handover:** Signed Outgoing Permit Issuer:

Dated:

☐ Work complete, proceed to permit closure

Signed Incoming Permit Issuer:

Dated:

#### Completion of Works and Permit Closure – RECIPIENT

All work has been completed, people and equipment withdrawn from the plant/area, isolations removed and the plant/area is clean and safe for use.

**Name:**
**Signature:**

Date:

Time:

#### Permit Closure – ISSUER

I am satisfied that all work associated with this Permit has been completed in accordance with the Permit Conditions.

**Name:**
**Signed:**

Date:

Time:

All Permit/s Closed Out in Permit to Work Log ☐

All Permit/s filed in Trim when completed ☐