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| **Part A – Details of work (Permit Issuer to Complete)** | | | | | | |
| Date of entry | | Click or tap to enter a date. | | Work Order # | |  |
| Site | | | |  | | |
| Description / Location of space | | | |  | | |
| Details of work to be undertaken  (Can this work be done without entering?) | | | |  | | |
| **Part B – Identification Flowchart (only to be used where doubt exists by the Permit Issuer) If questions A, B & C are yes AND at least one question fromD is ‘yes’ then the space is a confined space** | | | | | | |
| If in doubt, do the confined space identification process below. | | | | | | |
| Flow Chart Questions | | | | Yes / No | Comments | |
| A | Is the space enclosed or partially enclosed? | | | Y  N |  | |
| B | Is the space not designed or intended primarily to be occupied by a person? | | | Y  N |  | |
| C | Is the space designed or intended to be at normal atmospheric pressure while any person is in the space? | | | Y  N |  | |
| Is the space likely to be a risk to health and safety to health and safety from: | | | | | | |
|  | At atmosphere that does not have a safe oxygen level? | | | Y  N |  | |
| D | Contaminants, including airborne gases, vapours and dusts, that may cause injury from fire or explosion? | | | Y  N |  | |
|  | Harmful concentrations of any airborne contaminants? | | | Y  N |  | |
|  | Engulfment? | | | Y  N |  | |
| If the answer to A, B, C and at least one D is yes, then the space is a confined space | | | | | | |
| Is it a Confined Space? | | | | Y  N |  | |
| **Part C – Confined Space Risk Assessment. (Permit Issuer to Complete)**  **Transpose hazards and controls from Confined Space Register. If this space is not in the Confined Space Register, consult with the Site Owner Team to assist with completing this part of the permit.** | | | | | | |
| Inherent Hazards | | | Control Measures | | | |
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| All control measures must be implemented before entry is permitted.  The control measures must be based on a risk assessment that has been undertaken and recorded in writing. | | | | | | |

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| **Part D – Pre-entry Preparations (Permit Issuer to Complete)** | | | | | | | | | | | | | | | | |
| Isolation/s complete | | Y  N/A | | | | Drain down complete | | | | | | | | | | Y  N/A |
| Fire Prevention Equipment available? | | Y  N/A | | | | Suitable access and egress? | | | | | | | | | | Y  N/A |
| Purging required?  If ‘Yes’, nominate method required: | | Y  N/A | | | | Is ongoing mechanical ventilation required and adequate?  Method used: | | | | | | | | | | Y ☐ N/A |
| **Pre- entry atmospheric testing(Permit Issuer to Complete)** | | | | | | | | | | | | | | | | |
| Atmospheric testing equipment in date: Y  Bump test successful: Y  *Remember to change the atmospheric testing equipment from real time to data log to get peak readings from inside the space.* | | | | | | | | | | | | | | | | |
| Time tested | Atmospheric test | | | | Permissible entry levels | | Tested top of space | | Tested middle of space | | Tested bottom of space | | | Maximum / minimum reading | | |
|  | Oxygen | | | | > 19.5 to < 23.5% | | Y | | Y | | Y | | |  | | |
|  | Combustible | | | | < 5% LEL | | Y | | Y | | Y | | |  | | |
|  | Hydrogen Sulphide | | | | < 10 ppm | | Y | | Y | | Y | | |  | | |
|  | Carbon Monoxide | | | | < 30 ppm | | Y | | Y | | Y | | |  | | |
|  | Other | | | |  | |  | |  | |  | | |  | | |
| All workers are prohibited from entering a confined space where a safe atmosphere is unable to be achieved.  The atmosphere in a confined space must be continuously monitored whilst workers are in the space. | | | | | | | | | | | | | | | | |
| **Part E – Risk Management (Permit Issuer to Complete)** | | | | | | | | | | | | | | | | |
| Generic SWMS completed | | | Y | Isolation instruction ([TEM-00077](file:///K:\Q-Pulse\Docs\Active\TEM-00077%20Corporate%20Safety%20-%20Isolation%20Instruction%20Template.doc)) attached | | | | | | | | | | | Y  N/A | |
| High risk work rescue plan developed [TEM-00027](trim://CP/3086534/0) | | | Y | Other high risk work permit required?  Type(s): | | | | | | | | | | | Y  N/A | |
| Will Hot Work be conducted? | | | Y  N | No | | | | | | | | All ignition sources must be excluded. | | | | |
| Yes | | | | | | | | Hot Works Permit required | | | | |
| All confined space entry team members have been verified as having current first aid, CPR and confined space entry qualifications and valid medical. | | | | | | | | | | Y | | | | | | |
| **Part F – Entry authorisation / Permit activation (Permit Issuer to Complete in consultation)** | | | | | | | | | | | | | | | | |
| The confined space described in this permit is safe to enter using the processes, control measures and precautions listed above and detailed in the supporting Generic SWMS. Workers required to work in the confined space have been advised of, and understand, the requirements and risks of the work and the supporting High-Risk Work Rescue Plan ([TEM-00027](file:///K:\Q-Pulse\Docs\Active\TEM-00027%20Corporate%20Safety%20-%20High%20Risk%20Work%20Rescue%20Plan%20Template.DOCX)). | | | | | | | | | | | | | | | | |
| Permit Authoriser Name | | |  | | | | | Date/Time Called | | | | |  | | | |
| Contact Number | | |  | | | | | Permit Issued | | | | | Y  N | | | |
| Permit Issuer/Rescue Person Name | | |  | | | | | Signature | | | | |  | | | |
| Permit Recipient/Standby Person Name | | |  | | | | | Signature | | | | |  | | | |
| Period of time that permit is authorised *(max 24 hours)* | | | Start time: | | | | | End time: | | | | | | | | |
| Start Date: | | | | | End Date: | | | | | | | | |
| Only those workers listed on this permit may enter the confined space. | | | | | | | | | | | | | | | | |

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| **Part G – Ongoing atmospheric testing. Testing frequency and timing to be determined prior to entry by the Permit Issuer. (Permit Recipient)** | | | | | | | | | | | | | | | | |
| Time of Reading | Oxygen  > 19.5 to < 23.5% | | | | Flammable  < 5% LEL | | Hydrogen Sulphide  < 10 ppm | | | Carbon Monoxide  < 30 ppm | | | Other | | | Initial |
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| For other contaminants, specific monitoring devices and pre-work planning may be required to ensure safe entry. | | | | | | | | | | | | | | | | |
| **Part H – Entry/Exit Record (Permit Recipient)** | | | | | | | | | | | | | | | | |
| I, acknowledge that I have a valid confined space medical, CPR and confined space entry qualifications and understand the processes, control measures and precautions to be observed for this confined space entry. I will comply with these requirements at all times and immediately report any new or unforeseen hazards that present a risk to safety. | | | | | | | | | | | | | | | | |
| SIGN IN | | | | | | | | | SIGN OUT | | | | | | | |
| Name | | Date | | Time in | | Signature | | | Date | Time out | | | | Signature | | |
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| If further rows are required please use the Confined Space Entry Permit Additional Sign On Form ([FRM-00706](file:///K:\Q-Pulse\Docs\Active\FRM-00706%20Corporate%20Safety%20-%20Confined%20Space%20Permit%20Additional%20Sign%20On%20Form.DOCX)). This must be attached to and filed with this permit. | | | | | | | | | | | | | | | | |
| **Part I – Equipment (Permit Recipient)** | | | | | | | | | | | | | | | | |
| Equipment description | | | | | | | | | | | | In | | | Out | |
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| Date | | |  | | | | | Time | | |  | | | | | |
| Equipment Checker Name | | |  | | | | | Signature | | |  | | | | | |
| **Part J – Permit close (Permit Issuer)** | | | | | | | | | | | | | | | | |
| I confirm that all work associated with this permit has ceased, all persons named above have exited the space, all tools and equipment have been removed from the space. | | | | | | | | | | | | | | | | |
| The Supervisor who activated the permit has been advised that the confined space entry is complete and the permit is closed. | | | | | | | | | | | | | | | | |
| Date | | |  | | | | | Time | | |  | | | | | |
| Name of Permit Issuer | | |  | | | | | Signature | | |  | | | | | |