

This Confined Spaces Work Permit is issued in conjunction with and subject to the conditions of the listed Permit to Work and the Confined Space Risk Assessment.

SECTION 1 - TO BE COMPLETED BY THE PERMIT ISSUER (PERSON AUTHORISING THE PERMIT)			
Work Permit/MEX Order No.			
Permit From:	/...../.....	To:/...../.....
Permit issued to:	Organisation/Company:		
	Contact name:		
	Telephone Number:		
Location of works (Campus/Building):			
Name of Persons Allowed into Confined Space:			
Reason for and description of works:			
Checklist & Authorisation			Initial
Risk Assessment has been carried out and is attached			
Safe Work Method Statement has been produced and is attached			
The Permit Requestor has the correct qualifications / training to undertake the works			
SECTION 2 - TO BE COMPLETED BY THE PERMIT REQUESTOR (PERSON CARRYING OUT THE WORK)			
Checklist & Confirmation			Initial
Risk Assessment Summary: (i.e. the main risks associated with entering the space to perform work)			
Emergency Readiness:			
The Confined Space risk assessment has appropriately considered emergency response.			
The sentry is equipped with a radio and Operational Support Officers will be notified prior to entry.			
First aid, emergency, entry and exit procedures are established and practised as necessary, and all PPE is issued and maintained.			
Number of Rescue Assistants:		Number of Sentries:	
Isolation Summary: (i.e. Specify what energy has the space been isolated from?)			
Space isolated from:			
Locks and/or tags have been affixed to isolation points		Isolation Checklist #	
Atmosphere: (i.e. atmospheric conditions and requirements of entry)			
The atmosphere in the confined space has been tested			

<p>Results of test: Oxygen% Flammable airborne contaminants%LEL Other gases: ppm (less than.....ppm) ppm (less than.....ppm) ppm (less than.....ppm) ppm (less than.....ppm) ppm (less than.....ppm) Other airborne contaminants:..... </p>	<p>Requirements of entry:</p> <p><input type="checkbox"/> With supplied air respirator <input type="checkbox"/> With a filter-type respirator <input type="checkbox"/> Without respiratory protective devices <input type="checkbox"/> With escape unit <input type="checkbox"/> With intrinsically safe equipment <input type="checkbox"/> Continuous ventilation required</p> <p>Plan:..... </p>
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Checklist & Confirmation	Initial
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<p>Other Precautions: (To be in place prior to entry)</p> <p><input type="checkbox"/> Warning notices/barricades installed <input type="checkbox"/> All persons trained and competent to perform their role <input type="checkbox"/> Communication method/s established and tested</p>	<p>Documentation: (To be completed prior to entry)</p> <p><input type="checkbox"/> Risk assessment & JSA <input type="checkbox"/> Sentry Checklist <input type="checkbox"/> Rescue Plan (high risk entries)</p>
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Work Group Sign In / Sign Out:

I fully understand the hazards of this job and conditions I must follow to ensure the safety of myself and co-workers

Company	Print Name	Date	Time	Sign In	Date	Time	Sign Out

Sentry Sign On / Off:

I fully understand the hazards of this job and conditions I must follow to ensure the safety of myself and co-workers

Company	Print Name	Date	Sign On	Date	Sign Off

Atmospheric Re-Tests

% LEL:	O2:	ppm	ppm	ppm	Name	Time	Date	Valid to: Date	Valid to: Time

NAME:	SIGNATURE:	DATE:
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JCU AUTHORISING PERSON:	TITLE:	DATE:
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SECTION 3 - TO BE COMPLETED BY THE PERMIT REQUESTOR & PERMIT ISSUER (JCU ED)		
Person Carrying out the work: <i>The permitted work in the confined space has been completed and all persons have left the space.</i>		
NAME:	SIGNATURE:	DATE:
Authorising Person: <i>I have inspected the work area all work has been completed and all persons have left the confined space.</i>		
AUTHORISING PERSON:	SIGNATURE:	DATE: