

CONFINED SPACES ENTRY PERMIT

SECTION 1 - TO BE COMPLETED BY THE PERSON AUTHORISING THE PERMIT

Building or maintenance work may be required in areas designated as Confined Space. If entering a confined space cannot be avoided, then a safe system for working inside the space must be implemented. This permit to work is issued to the nominated recipient for the specific occasion and date stipulated below:

Work Permit/MEX No:	
This permit is valid from (daily only):	hrs on _____ to _____ hrs on _____
This Permit is issued to:	Organisation/Company: Contact name: Contact Telephone Number:
Location of works:	Campus/Building/Space:
Names of persons allowed into Confined Space:	
Reason for and description of works:	

- a) Risk assessment has been carried out and is attached Yes
- b) Safe Work Method Statement (SWMS) has been produced and is attached Yes
- c) Risk assessment and SWMS reviewed by competent person Yes
- d) In my opinion the hazard and engineering controls are adequate Yes No

I have examined the area specified, have the appropriate training to issue the permit, and give permission for the work to start, subject to the conditions hereon:

AUTHORISING PERSON: **TITLE:** **DATE:**...../...../.....

SECTION 2 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK

Before approval is granted to proceed with work, confirm the following:

- a) As far as reasonably practical the risks associated with the confined work have been eliminated Yes
- b) Signage is erected in accordance with WHS2011s68 Yes
- c) Additional permits have been submitted as required (e.g. Asbestos, Hot Work, Overhead Work) Yes No
- d) Continuous communication with the person(s) in the confined space is possible Yes
- e) A watcher has been nominated to remain in the vicinity of the space and monitor conditions Yes
- f) Specific controls for risks associated with connected plant & services; atmosphere; flammable gases and vapours; and fire and explosion have been addressed Yes
- g) First aid, emergency, entry and exit procedures are established and practised as necessary, and all PPE is issued and maintained Yes

Isolations identified and required as per SWMS (tick as appropriate):	<input type="checkbox"/> Isolation requirements identified and procedure attached <input type="checkbox"/> Other (specify):
Precautions and controls detailed in SWMS (tick as appropriate):	<input type="checkbox"/> Protective clothing <input type="checkbox"/> Respiratory equipment <input type="checkbox"/> Safety belt or harness <input type="checkbox"/> Lifting tackle <input type="checkbox"/> Protected electrical equipment <input type="checkbox"/> Non-sparking tools <input type="checkbox"/> Special ventilation requirements <input type="checkbox"/> Additional precautions (if none state none): Atmosphere tests are not / are required at intervals of
Other Precautions required :	Method/Technique/Materials:
Personnel controls identified in the Confined Space Entry Permit:	Maximum number of persons allowed in at one time..... Maximum time each person allowed in at one stretch..... Length of rest pauses between stretches..... Number and names of watchers.....

I have read and understood the requirements and procedures required in this permit to work. Yes

NAME: **SIGNATURE:** **DATE:**...../...../.....

SECTION 3 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK AND EO

The permitted work in the confined space has been completed and all persons have left the space. **TIME:**.....

NAME: **SIGNATURE:** **DATE:**...../...../.....

AUTHORISING PERSON: **TITLE:** **DATE:**...../...../.....