



CONFINED SPACE ENTRY PERMIT

Date		Job Location	
Work/Task/Project Description			

Permit Number		Confined Space Permit Number	
Company		Notifiable Work? (If yes, provide Evidence)	
Permit Receiver Name		Signed	
Permit Issuer Name		Signed	

CONFINED SPACE CHECKLIST

Rescue Plan prepared and understood by all personnel?	Y / N	Stand-By person appointed, and duties understood?	Y / N
First Aid resources available and on standby?	Y / N	Has the mode of communication been established?	Y / N
Barriers erected? (if yes they must be suitable)	Y / N	Isolations (LOTO) established and verified	Y / N
Personnel trained and Competent in Confined Space Entry?	Y / N	Stand-By person equipped with a working cell phone?	Y / N
Warning notices/barricades in position?	Y / N	Are all tools and equipment fit for purpose and are the tools intrinsically safe?	Y / N
All PPE required available for job? e.g., harness etc.	Y / N	Is lighting adequate within Confined Space?	Y / N
Any conflicts of work? e.g., fumes from other job etc.	Y / N	Is there any risk from falling objects?	Y / N
Has the atmosphere been tested for toxic & combustible contaminants, has ambient temperature been monitored?	Y / N	Is self-contained breathing apparatus or supplied air respirator required?	Y / N
Has the area been ventilated and cleaned to remove harmful solids and sludges?	Y / N	Has WorkSafe been notified of particular hazardous work?	Y / N



SITE SKETCH

ISOLATIONS REQUIRED

(Drawing may be required, establish all isolation points, methods of draining, depressuring and venting)

Isolation Point	Lock/Tag Number	Installed By	Date Installed	Removed By	Date Removed	Confirmation of Permit Issuer

**ATMOSPHERE TEST READINGS**

(Use separate page if necessary)

Time	Date	Gas Detector Type	Gas Detector serial number	OXYGEN 19.5 - 23.5%	LEL <5% refer sds	CO <25 ppm	H2S <10 ppm	Other Gasses	Testers Name

ENTRY / EXIT LOG

(Use separate page if necessary)

Name	Time In	Time Out	Name	Time In	Time Out

PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PERMIT CONTENT

Name	Signature	Designation
		Permit Receiver
		Permit Issuer
		Safety Observer
		Entrant 1