

Confined Spaces Permit

Risk, Health and Safety



Copy of Permit to be displayed at Confined Space entry point and kept for 3 years after expiry date.

Contractor's Company Name	<input style="width: 100%;" type="text"/>		
Description of Work	<input style="width: 100%; height: 40px;" type="text"/>		
Exact Location and Description of Confined Space (permit can only apply to ONE confined space)	<input style="width: 100%; height: 40px;" type="text"/>		
Isolation of Confined Space (Refer also to University Lock Out/Tag Out Procedure)			
<i>The items below have been isolated or made safe</i>			
	YES	NO	N/A
Pipelines (water, steam, gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical/electrical drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sludges/deposits/waste/other harmful materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning notices, locks and tags affixed to means of isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 30px;" type="text"/>			
Purging and Ventilation			
<i>The measures listed below have been implemented</i>			
	YES	NO	N/A
Purging of space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation of space prior to entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous ventilation throughout the work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Test Requirement			
<i>Test equipment calibrated and atmosphere has been tested for</i>			
	YES	NO	N/A
Safe oxygen level (specify test result..... <input style="width: 50px;" type="text"/> %)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric contaminants (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable atmosphere (specify result..... <input style="width: 50px;" type="text"/> % LEL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is continuous monitoring required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 30px;" type="text"/>			
List contaminants, concentrations and compare with exposure standards.			
<input style="width: 100%; height: 30px;" type="text"/>			
Chemicals to be used in the confined space (specify below) <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>			
No chemical other than those listed here may be taken into the confined space:			
<input style="width: 100%; height: 30px;" type="text"/>			
Equipment to be taken in:			
<input style="width: 100%; height: 30px;" type="text"/>			
Exclusions (e.g. ignition sources):			
<input style="width: 100%; height: 30px;" type="text"/>			
Personal Protective Equipment			
<i>The following equipment must be worn</i>			
	YES	NO	N/A
Supplied-air respirators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air purifying respiratory protective devices.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety harness and/or safety line or lifeline/rescue line.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye / hand / hearing protectors (circle as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective clothing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

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Standby Personnel and Rescue Arrangements			
<i>The following arrangements have been made:</i>	YES	NO	N/A
Standby person(s) (specify name(s) below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			
Alternative continuous communication procedures (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			
Rescue/emergency procedures understood and posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist emergency rescue equipment (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			
Other Hazards and Control Measures			
Smoking banned in confined space and adjoining areas	<input type="checkbox"/>	MANDATORY	
Warning notices/barricades in position	<input type="checkbox"/>	MANDATORY	
Special precautions (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>			
Authorised Personnel			
<i>The personnel below are authorised to enter the space:</i>			
1. Name	<input type="text"/>	TIME IN	TIME OUT
2. Name	<input type="text"/>	<input type="text"/> AM <input type="text"/> PM	<input type="text"/> AM <input type="text"/> PM
3. Name	<input type="text"/>	<input type="text"/> AM <input type="text"/> PM	<input type="text"/> AM <input type="text"/> PM
4. Name	<input type="text"/>	<input type="text"/> AM <input type="text"/> PM	<input type="text"/> AM <input type="text"/> PM
5. Name	<input type="text"/>	<input type="text"/> AM <input type="text"/> PM	<input type="text"/> AM <input type="text"/> PM
I confirm that all equipment and work methods comply with all applicable regulations, industry codes and Australian Standards			
Name of Contractor's Supervisor	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

NOTE: WORK CANNOT START UNLESS AUTHORISED UNDER THIS SECTION!!			
Confined Space Entry Authorisation			
Permit valid from	<input type="text"/> AM <input type="text"/> PM	on	<input type="text"/>
		to	<input type="text"/> AM <input type="text"/> PM
		on	<input type="text"/>
Name of Facilities Services Representative	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

Exit			
I have inspected the worksite at the completion of works. I confirm that all persons have exited the confined space and I declare the space safe for normal operations to resume.			
Name of Facilities Services Representative	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

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