

*This permit must be accompanied by a corresponding SWMS
 Copy of Permit to be displayed at Confined Space entry point and kept for 3 years after expiry date.*

| | |
|--|--|
| Contractor's Company Name | |
| Description of Work | |
| Exact Location and Description of Confined Space (permit can only apply to ONE confined space) | |

Isolation of Confined Space (Refer also to University Lock Out/Tag Out Procedure)

The items below have been isolated or made safe

| | 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"/> |

Purging and Ventilation

The measures listed below have been implemented

| | 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

Test equipment calibrated and atmosphere has been tested for

| | 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"/> |

List contaminants, concentrations and compare with exposure standards.

Chemicals to be used in the confined space (specify below)

No chemical other than those listed here may be taken into the confined space:

Equipment to be taken in:

Exclusions (e.g. ignition sources):

Personal Protective Equipment

The following equipment must be worn

| | 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.

Standby Personnel and Rescue Arrangements
The following arrangements have been made:

 Standby person(s) (specify name(s) below) YES NO N/A

 Alternative continuous communication procedures (specify below) ... YES NO N/A

 Rescue/emergency procedures understood and posted YES NO N/A

 Specialist emergency rescue equipment (specify below) YES NO N/A

Other Hazards and Control Measures

 Smoking banned in confined space and adjoining areas YES NO N/A

 Warning notices/barricades in position YES NO N/A

 Special precautions (specify below) YES NO N/A

Authorised Personnel
The personnel below are authorised to enter the space:

| | | TIME IN | TIME OUT |
|---------|---|--|--|
| 1. Name | <input style="width: 100%;" type="text"/> | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| 2. Name | <input style="width: 100%;" type="text"/> | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| 3. Name | <input style="width: 100%;" type="text"/> | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| 4. Name | <input style="width: 100%;" type="text"/> | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| 5. Name | <input style="width: 100%;" type="text"/> | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |

**I confirm that all equipment and work methods comply with
all applicable regulations, industry codes and Australian Standards**

 Name of Contractor's Supervisor

 Signature

 Date

NOTE: WORK CANNOT START UNLESS AUTHORISED UNDER THIS SECTION!!

Confined Space Entry Authorisation

 Permit valid from AM PM on to AM PM on

 Name of Property & Infrastructure Representative

 Signature

 Date
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 Property & Infrastructure Representative

 Signature

 Date

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