

CONFINED SPACE ENTRY PERMIT

HEALTH, SAFETY AND WELLBEING



Entry Permit Number:	Date:
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Prior to entry into the confined space, this permit must be signed by a USC Authorised Competent Person who is either in direct control of the work or has detailed knowledge of the work to be carried out (refer to page 3).

Workplace:	Address:
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1.0 GENERAL

Location (exact) of task:
Confined Space Reference Number:
Detailed description of task:

Note: Work cannot proceed until a risk assessment has been completed and approved by the USC Contact Person.

2.0 RISK CONTROL MEASURES (all sections must be complete)

Hot work will be conducted in the confined space: Yes No → If yes, a Hot Work Permit must be also be completed

Hot Work Permit Number:

Isolation required	YES	NO	Location and method of isolation
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	
Water, gas or steam	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke/heat detectors	<input type="checkbox"/>	<input type="checkbox"/>	
Auto fire extinguishing (ie sprinkler system)	<input type="checkbox"/>	<input type="checkbox"/>	
Waste, sludge or deposits	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical devices	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation of area to prevent unauthorised entry	<input type="checkbox"/>	<input type="checkbox"/>	
Have locks or tags been affixed to isolation points	<input type="checkbox"/>	<input type="checkbox"/>	

3.0 ATMOSPHERIC TESTING: Initial – immediately prior to entry

O2%:
LEL%:
CO:
CO2:
H2S:
CH4:
Other:

As per risk assessment, if further or continual gas testing is required during work attach Gas Monitoring Record.

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4.0 ATMOSPHERIC CONTROLS

Control type required	YES	NO	Method
Passive ventilation (prior to entry)	<input type="checkbox"/>	<input type="checkbox"/>	
Purging (prior to entry)	<input type="checkbox"/>	<input type="checkbox"/>	
Continuous ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Atmospheric testing during work	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory filters	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing apparatus	<input type="checkbox"/>	<input type="checkbox"/>	
Personal atmospheric monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Area atmospheric monitoring	<input type="checkbox"/>	<input type="checkbox"/>	

5.0 PERSONAL PROTECTIVE (and other) EQUIPMENT

	YES	NO		YES	NO	List other equipment required
Boots	<input type="checkbox"/>	<input type="checkbox"/>	Lifeline	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Fall arrest	<input type="checkbox"/>	<input type="checkbox"/>	
Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	Gas detector	<input type="checkbox"/>	<input type="checkbox"/>	
Protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	
Hard hat/helmet	<input type="checkbox"/>	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Safety harness	<input type="checkbox"/>	<input type="checkbox"/>	Fire fighting equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Communication equipment	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit	<input type="checkbox"/>	<input type="checkbox"/>	

6.0 COMMUNICATION

Please describe means of communication during work:

7.0 EMERGENCY PLAN

Is there an emergency plan in place? Yes No

This plan must be in accordance with the hazards identified in the risk assessment and on the entry permit.

Details of emergency plan (rescue/retrieval considerations):

Equipment required for emergency plan:

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8.0 STAND-BY PERSONNEL

Name	Date and time commenced	Date and time finished

9.0 ENTRY AUTHORISATION (Completed by USC Authorised Competent Person)

A USC Authorised Competent Person is either in direct control of the work or has detailed knowledge of the work to be carried out.

USC personnel who qualify as an 'Authorised Competent Person' and are able to authorise this permit are:

- Maintenance Services representative: 5456 3778

Note: Work cannot commence unless this permit is authorised.

The procedures, control measures and precautions appropriate for the safe entry and/or execution of work in the confined space described above have been implemented and persons required to work in this confined space are: trained and licenced to work in confined spaces; familiar with the risk assessment and have read and understand the requirements of this written authority.

Approved by (Authorised Competent Person):		
Name (please print):	Signature:	
Position:	Date:	Time:

10.0 CHECK LIST

	YES	NO
All personnel trained	<input type="checkbox"/>	<input type="checkbox"/>
Risk assessment completed and approved	<input type="checkbox"/>	<input type="checkbox"/>
Permit authorised	<input type="checkbox"/>	<input type="checkbox"/>
Controls implemented (as above)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency plan in place	<input type="checkbox"/>	<input type="checkbox"/>
All equipment safe: tagged and tested as required and visually inspected	<input type="checkbox"/>	<input type="checkbox"/>
Copy of all documentation to Safety Officer	<input type="checkbox"/>	<input type="checkbox"/>
Area safe from unauthorised entry	<input type="checkbox"/>	<input type="checkbox"/>
Stand-by person allocated	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

11.0 PERSONNEL ENTRY

I, the undersigned hereby acknowledge that I have read and understand the risk assessment and the procedures, precautions and control measures detailed in this permit pertaining to the safe entry, exit and work in the confined space. I will comply with these requirements at all times and report any new/unforeseen hazards that present a risk to health and/or safety.

TIME IN				TIME OUT		
Name (Print)	Signature	Date	Time In	Signature	Date	Time Out

12.0 CLOSURE/WITHDRAWAL OF ENTRY PERMIT (Completed by USC Authorised Competent Person)

A USC Authorised Competent Person is either in direct control of the work or has detailed knowledge of the work to be carried out.

All persons and equipment are accounted for? Yes No

Equipment checked and restored correctly? Yes No

Approved by (Authorised Competent Person):

Name (please print):

Signature:

Position:

Date:

Time:

Comments: