



Form: Confined Space Permit

Contractor's Name and Company

Description of Work

Location of & description of confined space

Isolation of Confined Space

YES NO N/A

The items below have been isolated or made safe:

Pipelines (water, steam gas)

Mechanical / electrical drives

Sludges / deposits / waste / other harmful materials

Electrical services

Warning notices, locks or tags affixed to means or isolation

Other – please specify:

Purging and Ventilation

YES NO N/A

The measures listed below have been implemented:

Purging of space

Ventilation of space prior to entry

Continuous ventilation throughout work

Atmospheric Test Required

YES NO N/A

The test equipment has been calibrated and the atmosphere has been tested for:

Safe oxygen level – specify result:

%

Atmospheric contaminants – specify below contaminants, concentrations and compare with exposure standards

Flammable atmosphere – specify result:

% LEL

Use of chemicals – specify below, chemicals to be used in the confined space.

No other chemical other than those listed below, may be taken into the confined space.

Personal Protective Equipment

YES NO N/A

The following equipment must be worn:

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 here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stand-by Personnel and Rescue Arrangements

YES NO N/A

The following arrangements have been made:

Stand-by person(s) specify here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative to stand-by – specify here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rescue / emergency procedures understood and posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Control Measures

YES NO N/A

The measures listed below have been implemented:

Smoking banned in confined space and adjoining area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning notices / barricades in position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special precautions – specify here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorised Personnel

Time In Time Out

The below personnel are authorised to enter this space:

Name _____	am/pm	am/pm
Name _____	am/pm	am/pm
Name _____	am/pm	am/pm
Name _____	am/pm	am/pm
Name _____	am/pm	am/pm

Name of Contractor's Supervisor _____

Date / /

Signature _____

NOTE: NO WORK CAN COMMENCE UNTIL PERMIT IS AUTHORISED BY SOUTH REGIONAL TAFE

OFFICE USE ONLY**Confined Space Entry Authorisation**

Permit No:	Permit valid from:	am/pm	on	/	/	to	am/pm	on	/	/
Name of SRTAFE Contact								Date	/	/
Signature										

Completion of Work

I have inspected the worksite at the completion of works. I confirm that all persons have exited the confined space (as above) and have declared the space safe for normal operations to resume.

Name of SRTAFE Contact								Date	/	/
Signature										

Related documents

Policy: OSH Statement of Commitment and Intent

Process: Confined Space and Restricted Space