Confined Space Entry Permit

**This permit should be prominently displayed at the work site**

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| **Permit details** | | | | | |
| **Internal Permit no.** *(to be determined by the school/workplace e.g. 2021-1)* |  | | **Permit issue date:** | |  |
| **Department workplace name:** |  | | **Location of confined space:** | |  |
| **Contractor company name:** |  | | **Telephone:** | |  |
| **Purpose of entry:** |  | | | | |
|  | | | | |
|  | | | | |
| **Valid from:** |  | **AM / PM** | | On date / / | |
| **Valid to:** |  | **AM / PM** | | On date / / | |
| **Confined Space Entry Permit must not be issued for greater than 24 hours** | | | | | |

**A SWMS or JSA must be provided by contractor and attached to this permit**

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| **Control measures**  *The following control measures are implemented and have been detailed in the SWMS*: | |
| □ Safety Observer and contact details **(required)** | □ Emergency plan (that can be initiated from inside of and or outside of the confined space) **(required)** |
| □ Continuous communication system **(required)** | □ Isolation and lock out of active or energised plant or services (e.g. fans, plant, electricity lines, water and gas pipes, etc.) **(required)** |
| □ Warning notice / barricades **(required)** | □ Passive fall prevention device |
| □ Emergency equipment **(required)** | □ Passive ventilation |
| □ Personal Protective Equipment, e.g. safety helmet, eye and eye protection **(required)** | □ Active ventilation / purging |
| □ Entry / exit openings adequate for rescue and not obstructed by fittings or plant **(required)** |  |
| Other: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Atmospheric monitoring**  *Details to be provided by contractor prior to commencing works, where required* | | | | |
| Name of contractor conducting assessment: |  | Instrument used: | Serial No: |  |
| Oxygen: | %Lower Explosive Limit (LEL) | Other (please specify): | | %LEL |
| Flammable gases: | %LEL | Other (please specify): | | %LEL |
| Toxic gasses: | %LEL | Other (please specify): | | %LEL |

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| **Equipment to be used in the confined space:** | |
| □ Breathing apparatus |  |
| Other: | |

|  |  |  |
| --- | --- | --- |
| **Contractors entering the confined space** | | |
| **Name** | **Time In** | **Time out** |
|  | **AM / PM** | **AM / PM** |
|  | **AM / PM** | **AM / PM** |
|  | **AM / PM** | **AM / PM** |
|  | **AM / PM** | **AM / PM** |

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| **Authorisation**  *This permit is to be signed by the principal or their delegate and the contractor prior to works commencing.* | |
| **Permit issued to:**  (Contractor) |  |
| Name Signature Date |
| **Permit issued by:**  (Principal / Principal Delegate) |  |
| Name Signature Date |

| **Cancellation / completion of Confined Space Entry Permit** (circle as appropriate)  *This permit is to be signed by the principal or their delegate and the contractor**at the completion or cancellation of the confined space works.* | |
| --- | --- |
| **Contractor**  I verify that the works have been **cancelled or completed** as per the scope listed above. All personnel have exited the confined space and the space has been secured to prevent access by unauthorised personnel. |  |
| Name Signature Date |
| **Principal** / **Principal Delegate**  I verify that the works have been **cancelled or completed** as per the scope listed above. I have inspected the area to verify that all personnel have exited the confined space, and the confined space has been appropriately secured. |  |
| Name Signature Date |