



Title: Confined Space Permit	Document No.:	Approved By:
Author:	Revision No.:	Date Approved:

Work Order Number:		Risk Assessment / Method Statement Number:			
Permit Number:					
CONFINED SPACE DETAILS		ISOLATION			
Permit Requester:	1.	Has the confined space been cleaned, washed and purged (with air)?			
Sign:	2.	Have all services entering the confined space been identified and isolated (e.g., Broken/ blanked /Isolated /valves closed, locked and tagged)?			
Equipment Description and Location:	3.	Has the power to the equipment been switched off, locked out and tagged?			
	4.	Has the power at the power distribution panel been switched off, locked out and tagged?			
	5.	Is a ladder or other means required and has it been secured properly?			
Purpose of Entry:	6.	Is additional lighting required?			
	7.	Do any other operations in the immediate vicinity need to be closed down?			
Date of Entry:	8.	Air supply provided?			
	9.	Has work been coordinated with other contractors?			
PERSONNEL AUTHORIZED TO WORK		PROTECTIVE EQUIPMENT REQUIRED			
Names and signatures of those authorised to enter the confined space:	10.	Are rescue harnesses to be worn?			
	11.	Are lanyards required to be attached?			
	12.	Is protective clothing required? DETAILS:			
	13.	Is a mechanical lifting device required and available at entry point?			
Names and signatures of standby personnel:	14.	Is breathing apparatus required? DETAILS:			
	15.	Is fire extinguishing equipment required? DETAILS:			
	16.	Is rescue equipment required and what type (breathing apparatus, extra harness, lifeline and lifting device). Is it available at the entry point?			
AUTHORIZING SIGNATURES TO COMMENCE WORK					
I certify that all necessary precautions have been taken to make this confined space safe for entry and work as specified.	17.	Are standby observers assigned, instructed and rescue procedures received?			
Permit Authorizer:	18.	Are workers in the immediate area alerted as to the confined space entry taking place?			
Sign:	19.	Have 2 way communications been set up between confined space entrants and rescue personnel?			
AUTHORIZING SIGNATURE WORK IS COMPLETED		ATMOSPHERIC TESTING			
I certify that the job has been completed satisfactorily and all lockout and isolation devices have been removed and the confined space is safe to use.	21.	Has the person carrying out the monitoring received training in the use of the equipment to be used?			
Permit Requester:	22.	Has the atmosphere in the confined space been tested for flammable gas concentration?			
Sign:	23.	Has the atmosphere in the confined space been tested for oxygen deficiency?			
Permit Authorizer:	24.	Has the atmosphere in the confined space been tested for oxygen enrichment?			
Sign:	25.	Has the atmosphere in the confined space been tested for toxic gases?			
TESTING AND MONITORING OF ATMOSPHERE					
SUBSTANCE	LIMITS	RESULT	PASS/FAIL	TIME	SIGN