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| **JOB DESCRIPTION** |  |
| **PERMIT HOLDER** |  |
| **PERMIT ISSUER** |  |
|  |
| **SCOPE OF WORKS:**  |
| Can the need to enter confined space be eliminated? | YES / NO |
|  |
| **ATMOSPHERIC TESTING** |
| Oxygen: | CO: | H2S: | LEL: | Other: |
| Ongoing Testing Requirements: |
| Is air breathing apparatus required? | YES / NO / NA |
| Is respiratory protection required? | YES / NO / NA |
| Is artificial ventilation / purging required? | YES / NO / NA |
| Is an escape unit required? | YES / NO / NA |
|  |
| **HOT WORKS (if relevant)** |
| Is area clear of combustibles? | YES / NO / NA |
| Is firefighting response equipment in place? | YES / NO / NA |
|  |
| **RESCUE PLAN** |
| Describe the measures to remove persons from confined space in emergency situations: |
| Are workers competent for initiating the rescue plan? | YES / NO / NA |
| Equipment for the rescue plan ready and suitable? | YES / NO / NA |
|  |
| **STANDBY PERSONNEL NAME** |  |
| **COMMUNICATION METHOD** |  |
|  |
| **OTHER SAFETY CONTROLS** |
| Are safe means of access and egress provided? | YES / NO / NA |
| Are workers trained and competent? | YES / NO / NA |
| Are warning notices / barricades in place? | YES / NO / NA |

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| **ENTRY LOG** |
| Name: | Time in: | Time out: |
| Name: | Time in: | Time out: |
| Name: | Time in: | Time out: |
| Name: | Time in: | Time out: |
| Name: | Time in: | Time out: |
| Name: | Time in: | Time out: |
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| Name: | Time in: | Time out: |
| Name: | Time in: | Time out: |
| Name: | Time in: | Time out: |
| Name: | Time in: | Time out: |
|  |
| **SIGN OFF (OPEN PERMIT)** |
| This permit is active from (date and time): | Until: |
| Permit extension, if required (date and time): |
| **PERMIT HOLDER SIGNATURE:** |
| **PERMIT ISSUER SIGNATURE:** |
|  |
| **SIGN OFF (CLOSE PERMIT)** |
| The work was finished at (date and time): |
| Have all personnel safely exited confined space?  | YES / NO / NA |
| **PERMIT HOLDER SIGNATURE:** |
| **PERMIT ISSUER SIGNATURE:** |