

CONFINED SPACE ENTRY PERMIT

SS-WHS-SAF-000

Authorised By:
Rev 1 29/09/2023

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

ENTRY LOG

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Name:	Time in:	Time out:
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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: