**CONFINED SPACE ENTRY PERMIT (Template)**

Please tick/check the boxes to indicate completion. To be displayed, or readily locatable in the work area for the duration of the task.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | / / | **Time** | | am/pm | | **Period of time work will be carried out in the confined space** | |  |
| **School/Branch** |  | | | | | | | |
| **Exact location of work** |  | | | | | | | |
| (include building, room/space no) |  | | | | | | | |
| **Description of work** |  | | | | | | | |
|  |  | | | | | | | |
| **Risk assessment (RA)/Job safety analysis (JSA)/Safety management plan. (SMP) completed & includes** | Control measures for all hazards identified on the risk assessment  Emergency control plan  Communication methods | | | | | | | |
| **Name(s) of worker(s) authorised to enter the space** | Worker 1  Name | | | | Worker 2  Name | | | |
| **Worker(s) entering the space:**   * **have a record of competency  held on file** * **have been provided with information and instruction based on the RA/JSA/SMP** | Yes - Date of training / /  No (If no – arrange training prior to entry)  Yes (RA/JSA/SMP signed) | | | | Yes - Date of training / /  No (If no – arrange training prior to entry)  Yes (RA/JSA/SMP signed) | | | |
| **Standby person(s) has/have been nominated for the duration of this task and have received information on their role/responsibilities** | Name: Name: | | | | | | | |
| **Isolation checklist (as applicable)** | The confined space has been isolated from the following | | | | | | | |
|  | Water | | | | | Gas | | |
|  | Steam | | | | | Mechanical/electrical devices | | |
|  | Auto fire extinguishing systems | | | | | Hydraulic/electric/gas/power | | |
|  | Deposits/wastes | | | | | Locks and/or tags are in position | | |
| **Atmosphere monitoring** | Has been tested and levels safe | | | | | Oxygen | % | |
| (Please insert name of gas as applicable | (or respiratory protection provided) | | | | | Flammable gases | % | |
| e.g. CO2, H2S etc) | Other gases | | % | | | % | % | |
|  | Other airborne contaminants | | | | | | | |
|  | Worker(s) provided with air breathing apparatus | | | | | | | |
|  | Worker(s) is working without respiratory protection | | | | | | | |
| **Hot work (if applicable)** | Is permitted and area clear of all combustibles and fire protection equipment available | | | | | | | |
| **Personal protective equipment provided** | Respiratory protection  Harness/lifelines  Eye protection  Hand protection  Protective clothing | | | | | Footwear  Hearing protection  Helmet  Communication equipment  Other | | |
| **Warning notices/barricades** | In place | | | | |  | | |
| **AUTHORITY TO ENTER** | | | | | | | | |
| The control measures and precautions appropriate for the safe entry and execution of the work in the confined space have been implemented and persons required to work in the confined space have been advised of and understand the requirements of this written authority. | | | | | | | | |
| Signed (person in direct control) Date Time | | | | | | | | |
| Name of person in direct control) | | | | | | | | |
| This written authority is valid until Date Time | | | | | | | | |
| **WORKERS LEFT THE SPACE** | | | | | | | | |
| Worker(1): Signature Time | | | | | | | | |
| Worker(2): Signature Time | | | | | | | | |

Return the completed confined space entry permit to the person authorising the activity, for record keeping purposes.