

3.1-07FO1 Confined Space Permit to Work Form

The purpose of this Permit to Work (PTW) is to ensure that adequate controls are implemented to protect the safety of persons conducting, or who may be in the vicinity of high-risk work being undertaken and to protect University property from damage.

Confined Space Permit to Work (PTW) Number _____ (UoA to complete)

In the event of an Emergency, all PTW's are immediately suspended. All persons must assemble at the nearest nominated assembly point. The PTW must be re-authorized (Signed) by the I&TS PTW Issuer before work resumes.

1. CONTRACTOR DETAILS			
Company undertaking the work:			
Person undertaking the work & phone number:		Supervisor name & phone number:	
Principal Contractor Company:			
Principal Contractor Contact name & phone number:			

2. PROJECT DETAILS			
University Project / Job No. (if applicable):		Location of Work: (inc. Campus/Building/Room):	
Planned Work Activity:			
Estimated Duration of the PTW:	Date from:	Time:	Date to: Time:

3. ISOLATIONS REQUIRED			
Isolation Forms Attached: (if applicable)	<input type="checkbox"/>	Isolation of Essential Services (water, gas, electricity, mechanical, hydraulics)	Isolation of Fire Indicator Panel
	<input type="checkbox"/>		<input type="checkbox"/>
			Isolation of Fire Suppression Systems

4. WORK AREA MONITORING

WORK PARTY (ENTRY & EXIT)							
The following Confined Space trained and fully competent Workers have been consulted with and agree to abide by the conditions and controls of this PTW so have been authorised to enter the Confined Space:							
ENTRY				EXIT			
Name	Signature	Date	Time In	Name	Signature	Date	Time Out

STANDBY PERSON/S			
The following Confined Space trained and fully competent Workers will maintain continuous visual or verbal communication with anyone in the Confined Space, have been authorised to act as standby person(s) and agree to abide by the conditions and controls of this Permit:			
Name (Print)	Signature	Date	Communication Method
			<input type="checkbox"/> Voice <input type="checkbox"/> Radio <input type="checkbox"/> Hand Signals <input type="checkbox"/> Other _____
			<input type="checkbox"/> Voice <input type="checkbox"/> Radio <input type="checkbox"/> Hand Signals <input type="checkbox"/> Other _____

ATMOSPHERIC TESTING						
Test Results						
Reading levels	Time	Tested By	O2 <19.5% or >23.5% DO NOT ENTER	CO >30ppm DO NOT ENTER	H2S >10ppm DO NOT ENTER	Flammable Gases >5% LEL DO NOT ENTER

5. GENERAL REQUIREMENTS FOR SWMS/JSA			
The person in direct control acknowledges that the items related to PTW (below) have been undertaken and included in the attached SWMS/JSA.			
All Items must be ticked or marked N/A - (✓ or N/A)			
GENERAL INCLUSIONS:	✓ or N/A		✓ or N/A
Company Details; name address and ABN		Names of workers consulted in developing the SWMS/JSA	
Reference to relevant WHS Legislation, COPs and Standards		A Sign off sheet for workers	
Worker responsible for ensuring implementation, monitoring & compliance is identified		Tasks are set out in a logical step-by-step sequence	
Permits, licences and training is documented		Risks and controls are clear and specific	

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RISK & HAZARD IDENTIFICATION & CONTROL	✓ or N/A	✓ or N/A
All task specific hazards are identified <small>Adequate controls & PPE are identified to eliminate or reduce the risk</small>		Working Outdoor risks (including weather) are identified <small>Traffic management and PPE must be referenced as controls</small>
Workers are able to add site specific hazards <small>Adequate controls & PPE are identified to eliminate or reduce the risk</small>		Site Access & Egress risks are identified <small>Site security and maintenance of disability access must be considered</small>
Essential/fire services isolation needs are identified <small>Isolation Request form must be referenced and attached as controls</small>		Environmental concerns are identified <small>EPA compliant clean-up must be referenced as controls</small>
Plant and equipment to be used is identified <small>Pre start inspections & PPE must be referenced as controls</small>		Hazardous Chemicals to be used are identified <small>Safety Data Sheets and PPE must be referenced as controls</small>

6. WORK SPECIFIC REQUIREMENTS FOR SWMS/JSA COVERED BY THIS PTW

The person in direct control acknowledges that the items related to PTW (below) have been undertaken and included in the attached SWMS/JSA.

All Items must be ticked or marked N/A - (✓ or N/A)

Confined Space register and associated risk assessment reviewed		Confined Space signage erected	
All essential services, hydraulics, mechanics, pipes etc have been Isolated		Energy sources have been tagged and locked out	
Atmosphere has been verified before entry into Confined Space and if continuous monitoring is required, continuous ventilation is arranged		If Confined Space work has been suspended for an extended period of time atmosphere levels must be verified prior to re-entry	
Emergency rescue plan is in place and has been practiced		First Aid facilities and qualified first aider's are available	
Breathing apparatus (BA) conforms to AS 1715 and persons BA competent and qualified		Harnesses and associated equipment conforms to AS 1891, in date and good condition	

7. PTW REQUEST (PTW Holder)

This acknowledgement signifies a formal request to commence activities involving one or more specified high-risk works. I request this PTW be acknowledged & registered by the relevant University of Adelaide PTW Issuer. As the person requesting this PTW, I hereby certify that:

ALL ITEMS MUST BE TICKED	<input type="checkbox"/>	I have developed / reviewed the attached SWMS/JSA for the work covered by this PTW.					
	<input type="checkbox"/>	All work being undertaken covered by this PTW meets the current South Australian WHS legislative requirements.					
	<input type="checkbox"/>	I am competent to co-ordinate this work activity in accordance with the attached SWMS / JSA.					
	<input type="checkbox"/>	I shall ensure that all persons required to carry out the work have: the relevant licences; attended the current University of Adelaide Contractor Induction; been consulted & understand the requirements of the SWMS / JSA & the PTW.					
	<input type="checkbox"/>	I shall implement all planned & necessary controls to ensure the health & safety of all persons who may be affected by the activities.					
	<input type="checkbox"/>	I shall monitor the identified hazards & control strategies throughout the work activities.					
	<input type="checkbox"/>	I have submitted this PTW to the relevant PCBU/Principal Contractor to ensure that controls are adequate.					
PTW Holder Name:		Signature:		Date:		Time:	

8. PCBU/PRINCIPAL CONTRACTOR CONTRACTING THE WORK TO THE PTW HOLDER

As the PCBU/Principal Contractor commissioning the work to the PTW Holder, I have reviewed the attached SWMS/JSA (& kept a copy for our records) for the work covered by this PTW to ensure:

ALL ITEMS MUST BE TICKED	<input type="checkbox"/>	Hazards & risks have been identified & adequate controls measures are implemented.					
	<input type="checkbox"/>	Workers undertaking the work are trained & competent to undertake this work in accordance with the attached SWMS / JSA.					
	<input type="checkbox"/>	All work being undertaken covered by this PTW meets the current South Australian WHS legislative requirements.					
PCBU/Principal Contractor Rep:		Signature:		Date:		Time:	

9. I&TS PTW ISSUER

The above criteria have been addressed & the work is authorised to commence in accordance with the SWMS / JSA & identified control measures. As the IPT Permit Issuer, I hereby acknowledge that:

<input type="checkbox"/>	I have allocated this PTW a number & scanned to the PTW register in the relevant area.						
PTW Issuer		Signature:		Date:		Time:	

10. CLOSE OUT

As the PTW Holder, I hereby acknowledge that:

ALL ITEMS MUST BE TICKED	<input type="checkbox"/>	All Isolations have been removed and/or reinstated, all workers have vacated the space & the area has been left in a safe condition.					
	<input type="checkbox"/>	All near miss/hazards/incidents have been reported.					
	<input type="checkbox"/>	The PCBU/Principal Contractor has been informed that the work is complete & of the close out this PTW.					
PTW Holder		Signature:		Date:		Time:	

As the PTW Issuer, I authorise the closure of this PTW & will scan it to the PTW register in my area:

PTW Issuer		Signature:		Date:		Time:	
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Original – Retained by PTW Holder		Copy – Retained by PTW Issuer			
Warning	This process is uncontrolled when printed. The current version is available on the I&TS Website.	Effective Date:	January 2014	Version:	2.0
Authorised by	Director of Infrastructure & Chief Information Officer	Review Date:	January 2019	Page: 2 of 2	
Filepath	S:\Services_Resources\Infrastructure\Shared\HSW\I&TS HSW Management Sub-System\Section 3.1 - Controlling HSW Risks\3.1-07 Permit to Work\3.1-07FO1 Confined Space PTW Form.docx				