



WHS-FOR-025.3 Confined Space Entry Permit

General

Location of Work:		
Confined Space Supervisor Responsible for Work:		
Permit #:	Issue Date & Time:	Expiry Date & Time:
Description of Work:		
Equipment to be Used Inside Confined Space:		

Personnel

Confined Space Controller					
Name (Print)	Position	Company	CS Ticket #	Expiry	Signature

Confined Space Supervisor					
Name (Print)	Position	Company	CS Ticket #	Expiry	Signature

Confined Space Workers and Entrants <i>(Entering and working in confined space)</i>					
Name (Print)	Position	Company	CS Ticket #	Expiry	Signature

Stand-by Person <i>(Assigned to monitor the confined space)</i>					
Name (Print)	Position	Company	CS Ticket #	Expiry	Signature

Emergency Response Team <i>(Must be briefed on the nature of the confined space entry and location)</i>					
Name (Print)	Position	Company	CS Ticket #	Expiry	Signature



WHS-FOR-025.3 Confined Space Entry Permit

Control Measures

Isolation		
CS Needs to be Isolated From:	Location	Method
Water/gas/steam/chemicals		
Mechanical/electrical drives		
Auto fire extinguishing systems		
Hydraulic/electric/gas/power		
Sludge/deposits/wastes		
Have locks and/or tags been affixed to isolation points? (Yes/No)		

Atmospheric Monitoring						
Monitoring Equipment						
Machine Used	Serial Number	Calibration/Testing Date	Due Date Next Calibration			
Testing Results						
Date	Time	Oxygen (%)	Carbon Monoxide (ppm)	Flammable Gases (% L.E.L)	Other Gases (List) (ppm)	Tester Signature
Conditions for Confined Space Entry are as Below:						
Condition			Indicate Yes/No			
With supplied air breathing apparatus?						
Without respiratory protection?						
Additional ventilation required?						
Will there be chemical use?						
With escape unit?						

Hot Work (Requires completion and authorisation of Hot Work Permit)	
Checklist	Indicate Yes/No
Is area clear of all combustibles, including atmosphere?	
Suitable access and exit?	
Hot work permitted? (Provide Hot Work permit number)	



WHS-FOR-025.3 Confined Space Entry Permit

Type of appropriate fire prevention equipment available (List)	
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Personal Protective Equipment	
The following safety equipment must be worn:	Type:
Respiratory Protection	
Harness/Lifelines	
Eye Protection	
Hand Protection	
Footwear	
Protective Clothing	
Hearing Protectors	
Safety Helmet	
Communication Equipment	
Other	

Other Precautions	
Precaution	Indicate Yes/No
Warning notices and/or barricades installed?	
All persons have been trained?	
Is continual air monitoring required?	
Further precautions necessary (list and detail):	

Emergency Response	
Item	Description
Description of the task:	
How many people are needed to affect the response?	
List the type of equipment necessary to affect the response: (E.g. ladder, safety ropes, rescue kit, stretcher, first aid kit, lighting systems, breathing units, atmospheric monitoring, etc.)	
Means of communication for the response:	
How will the response be conducted?	
Have the responders been trained? <i>If NO, do not allow the confined space work to be conducted</i>	
How will emergency services get to the response point?	
List other considerations:	



WHS-FOR-025.3 Confined Space Entry Permit

Confined Space Entry Checklist

Confined Space Entry Permit Checklist		Yes	No	N/A	Initialled
Pre-Entry Preparation	Has a specific SWM for this activity been completed?				
	Are atmospheric monitors calibrated and fully charged?				
	After ventilating the area, is the atmosphere suitable for entry?				
	Is all equipment to be used, intrinsically safe?				
	Check water levels and pump out if appropriate				
	Is recovery and first aid equipment available?				
	Has the type of adjacent works been considered?				
	Is mechanical ventilation required?				
	Is the type of work being done likely to cause a hazard (e.g. fumes, noise, odours)?				
	Are combustion engines a suitable distance away from ventilation openings and not causing any air drawn into the space to spoil?				
	Are all pipelines, electrical sources, and similar, isolated and tagged?				
Emergency Preparation	Has the Emergency Response Team been briefed on the time, place and nature of the confined space entry?				
	Is emergency response equipment available and deployed at the entrance of the confined space?				
	Is there ready access to a First Aid Kit, Medical Oxygen, Fire Fighting Equipment?				
Access	All entrances secured in an open position?				
	Adequate supply of fresh air available for the duration of entry?				
	Adequate access and egress provided to entrances?				
	Are ladders required for internal access?				
	Adequate access and egress provided to internal work platforms?				
Hazardous Tasks *	Are Hot Works required in the confined space?				
	Are chemicals of any kind being used?				
	Are electrical, pneumatic or other powered tools being used in the confined space?				
	* If yes to any of the Hazardous Tasks, completed the additional requirements/special conditions below				
Stand-by Person	Have entry and emergency instructions been given to entrants and the stand-by person?				
	Does the stand-by person have effective communications to the confined space entrants?				
	Does the stand-by person have effective communications to the Emergency Response Team and Emergency Services?				
	Have fire extinguishers been placed at the entrance point?				

Additional Requirements / Special Conditions

Additional Requirements / Special Conditions	Description



WHS-FOR-025.3 Confined Space Entry Permit

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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 (*Confined Space Permit Controller*):

Date: _____ Time: _____

This written authority is valid until:

Date: _____ Time: _____

