

CONFINED SPACE

THIS PERMIT NEEDS TO BE DISPLAYED AT ALL TIMES

Job Details / Purpose of Entry

Permit # **000001**

Special Tools to be Used

Job Location / Facility Name / ID #

Is any other work currently being undertaken that may interact or affect this Permit? (Reference Permit # where applicable)

This permit is only valid when all sections are complete. If you are in doubt or don't understand, then please ask. Remember, all accidents are preventable and it is people who get hurt and suffer pain. Please use this permit in the spirit intended to protect yourself and others. Please ensure that you sign this work permit. Do not proceed with your work until this permit has been signed by an authorized company

HAZARDS AND PRECAUTIONS TO BE TAKEN

PRIMARY HAZARDS - fumes, electrical, gases, liquids, sludge, radiation, moving parts

Please answer the following questions truthfully	Yes	No	N/A
Is there a risk of oxygen deficiency?			
Will there be combustible gas / vapor?			
Will there be combustible dust?			
Will carbon monoxide be present?			
Will hydrogen sulfide be present?			
Will there be toxic gas / vapor?			
Will there be toxic fumes?			
Is there a danger of skin contact with chemicals?			
Is there an electrical hazard?			
Is there a mechanical hazard?			
Is there an engulfment hazard?			
Is there an entrapment hazard?			
Is there a thermal hazard?			
Are there slip or fall hazards?			
Is a hot work permit required?			
Is Lockout / Tagout required?			
Have lines been broken, capped or blanked?			
Has the area been purged and vented?			
Has the area been secured (post and flag)?			

EMERGENCY EQUIPMENT

	Yes	No	N/A		Yes	No	N/A
Tested gas monitor				Lifelines			
Resuscitator - inhalator				Fire extinguisher			
Tripod escape unit				Lighting (explosive proof)			

Communication Procedures

Other Safety Equipment Required

PERSONAL PROTECTIVE EQUIPMENT

	Yes	No	N/A		Yes	No	N/A
Breathing apparatus				Hearing protection			
Safety harness				Hard Hat / helmet			
Eye protection				Dust mask			
Protective gloves				Hi-vis jacket / vest			
Safety footwear				FR / Hazmat / Safety			

ATMOSPHERIC TESTS

	Time		Time
Oxygen		Oxygen	
Explosive		Explosive	
Toxic		Toxic	
Oxygen		Oxygen	
Explosive		Explosive	
Toxic		Toxic	

Name(s) of testers and test equipment used:

AUTHORIZATION AND ACCEPTANCE

I confirm that I have verified the information contained on this permit and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined and the permit information has been explained to all workers involved. I accept responsibility for this work.

Authorized Entrant: Date: Time:

Authorized Attendant: Date: Time:

Entry Supervisor:

Signature: Date: Time:

PROJECT COMPLETION

I confirm that the work has been completed / partially completed*, inspected by myself and the area left in a safe and tidy condition. (*delete as appropriate)

Authorized Entrant:

Signature: Date: Time:

I have inspected the completed / partially completed* work and hereby cancel this permit. (*delete as appropriate)

Entry Supervisor: Date: Time: