

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	<input type="checkbox"/> Control measures for all hazards identified on the risk assessment <input type="checkbox"/> Emergency control plan <input type="checkbox"/> Communication methods				
Name(s) of worker(s) authorised to enter the space	Worker 1 Name				Worker 2 Name
Worker(s) entering the space: <input type="checkbox"/> have a record of competency held on file <input type="checkbox"/> have been provided with information and instruction based on the RA/JSA/SMP	<input type="checkbox"/> Yes - Date of training / / <input type="checkbox"/> No (If no – arrange training prior to entry) <input type="checkbox"/> Yes (RA/JSA/SMP signed)		<input type="checkbox"/> Yes - Date of training / / <input type="checkbox"/> No (If no – arrange training prior to entry) <input type="checkbox"/> 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				
	<input type="checkbox"/> Water				<input type="checkbox"/> Gas
	<input type="checkbox"/> Steam				<input type="checkbox"/> Mechanical/electrical devices
	<input type="checkbox"/> Auto fire extinguishing systems				<input type="checkbox"/> Hydraulic/electric/gas/power
	<input type="checkbox"/> Deposits/wastes				<input type="checkbox"/> Locks and/or tags are in position
Atmosphere monitoring	<input type="checkbox"/> Has been tested and levels safe		Oxygen	%	
(Please insert name of gas as applicable e.g. CO ² H ₂ S etc)	(or respiratory protection provided)		Flammable gases	%	
	<input type="checkbox"/> Other gases	%		%	
	<input type="checkbox"/> Other airborne contaminants				
	<input type="checkbox"/> Worker(s) provided with air breathing apparatus				
	<input type="checkbox"/> Worker(s) is working without respiratory protection				
Hot work (if applicable)	<input type="checkbox"/> Is permitted and area clear of all combustibles and fire protection equipment available				
Personal protective equipment provided	<input type="checkbox"/> Respiratory protection <input type="checkbox"/> Harness/lifelines <input type="checkbox"/> Eye protection <input type="checkbox"/> Hand protection <input type="checkbox"/> Protective clothing		<input type="checkbox"/> Footwear <input type="checkbox"/> Hearing protection <input type="checkbox"/> Helmet <input type="checkbox"/> Communication equipment <input type="checkbox"/> Other		
Warning notices/barricades	<input type="checkbox"/> 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.

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Authorised by	Associate Director, HR Policy, Safety and Compliance	Review Date:	23 April 2018	Page 1 of 1
Warning	This process is uncontrolled when printed. The current version of this document is available on the HSW Website.			