

# Health and Safety Policy Annex T:

# Confined Space Permit to Work

## Section 1 – Details of work

|  |  |
| --- | --- |
| Permit number |  |
| Location of work |  |
| Space identity (ID) |  |
| Method statement name or reference number |  |
| Summary of work |  |

## Section 2 – Controls and precautions to be taken

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Control or precaution** | **Yes** | **No** | **Not applicable** |
| 1 | All persons entering confined space have appropriate training and are fit to work |  |  |  |
| 2 | Equipment in the vicinity isolated and locked off with appropriate permit |  |  |  |
| 3 | Plant and equipment drained and vented |  |  |  |
| 4 | Hazardous materials removed from work area or made safe |  |  |  |
| 5 | Personal protective equipment (PPE) or respiratory protective equipment (RPE) as specified in method statement to be worn |  |  |  |
| 6 | Calibrated or inspected escape breathing apparatus kits required |  |  |  |
| 7 | Entry covers or similar open to provide ventilation |  |  |  |
| 8 | Barriers and warning signs around open entry points |  |  |  |
| 9 | Forced ventilation required |  |  |  |
| 10 | Tripod and personnel riding winch to be used |  |  |  |
| 11 | Lifeline to be worn |  |  |  |
| 12 | Pre-entry gas monitoring required (use air monitoring record sheet) |  |  |  |
| 13 | Ongoing gas monitoring required (use air monitoring record sheet) |  |  |  |
| 14 | Two-way communications required (if so, state method) |  |  |  |
| 15 | Intrinsically safe tools required (if so, state) |  |  |  |
| 16 | Other controls, including emergency arrangements to be listed below |  |  |  |

## Section 3 – Duration of permit

|  |  |  |
| --- | --- | --- |
| **Action** | **Date** | **Time** |
| When work may commence |  |  |
| When work persons must vacate confined space |  |  |

## Section 4 (Prior to commencement of work) – Declaration by confined space contract manager or supervisor

|  |  |
| --- | --- |
| I confirm that I, and those under my control, will abide by the method statement referred to in Section 1 and the controls and precautions set out in Section 2, to carry out work in confined space. | |
| Name |  |
| Job title |  |
| Signature |  |
| Date |  |

## Section 5 – Approval by on-site manager

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Date |  |
| Time |  |

## Section 6 (completion of work) – Declaration by confined space manager or supervisor

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Date |  |
| Time |  |

## Section 7 – Clearance of permit by site manager

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Signature |  |
| Date |  |

## Air monitoring record sheet

|  |  |
| --- | --- |
| Permit number |  |
| Location of work |  |
| Space identity (ID) |  |
| Details of work |  |

### Initial readings, prior to entry

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gas monitor serial number |  | | | |
| Gas monitor model – calibrated? | Yes or No (delete as appropriate) | | | |
| Gas monitor readings | Oxygen (O2) percentage: | Hydrogen sulfide (H2S) parts per million (ppm): | Carbon monoxide (CO) parts per million (ppm): | Methane percentage: |
| Confirm safe to enter | Yes or No (delete as appropriate) | | | |
| Supervisor’s name |  | | | |
| Supervisor’s signature |  | | | |
| Company or department |  | | | |
| Date |  | | | |
| Time |  | | | |

### Periodic readings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Point of entry or At workplace (delete as appropriate) | | | |
| Gas monitor serial number |  | | | |
| Gas monitor model – calibrated? | Yes or No (delete as appropriate) | | | |
| Gas monitor readings | Oxygen (O2) percentage: | Hydrogen sulfide (H2S) parts per million (ppm): | Carbon monoxide (CO) parts per million (ppm): | Methane percentage: |
| Confirm safe to enter | Yes or No (delete as appropriate) | | | |
| Supervisor’s name |  | | | |
| Supervisor’s signature |  | | | |
| Company or department |  | | | |
| Date |  | | | |
| Time |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Point of entry or At workplace (delete as appropriate) | | | |
| Gas monitor serial number |  | | | |
| Gas monitor model – calibrated? | Yes or No (delete as appropriate) | | | |
| Gas monitor readings | Oxygen (O2) percentage: | Hydrogen sulfide (H2S) parts per million (ppm): | Carbon monoxide (CO) parts per million (ppm): | Methane percentage: |
| Confirm safe to enter | Yes or No (delete as appropriate) | | | |
| Supervisor’s name |  | | | |
| Supervisor’s signature |  | | | |
| Company or department |  | | | |
| Date |  | | | |
| Time |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Point of entry or At workplace (delete as appropriate) | | | |
| Gas monitor serial number |  | | | |
| Gas monitor model – calibrated? | Yes or No (delete as appropriate) | | | |
| Gas monitor readings | Oxygen (O2) percentage: | Hydrogen sulfide (H2S) parts per million (ppm): | Carbon monoxide (CO) parts per million (ppm): | Methane percentage: |
| Confirm safe to enter | Yes or No (delete as appropriate) | | | |
| Supervisor’s name |  | | | |
| Supervisor’s signature |  | | | |
| Company or department |  | | | |
| Date |  | | | |
| Time |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Point of entry or At workplace (delete as appropriate) | | | |
| Gas monitor serial number |  | | | |
| Gas monitor model – calibrated? | Yes or No (delete as appropriate) | | | |
| Gas monitor readings | Oxygen (O2) percentage: | Hydrogen sulfide (H2S) parts per million (ppm): | Carbon monoxide (CO) parts per million (ppm): | Methane percentage: |
| Confirm safe to enter | Yes or No (delete as appropriate) | | | |
| Supervisor’s name |  | | | |
| Supervisor’s signature |  | | | |
| Company or department |  | | | |
| Date |  | | | |
| Time |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Point of entry or At workplace (delete as appropriate) | | | |
| Gas monitor serial number |  | | | |
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| Gas monitor readings | Oxygen (O2) percentage: | Hydrogen sulfide (H2S) parts per million (ppm): | Carbon monoxide (CO) parts per million (ppm): | Methane percentage: |
| Confirm safe to enter | Yes or No (delete as appropriate) | | | |
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| Supervisor’s signature |  | | | |
| Company or department |  | | | |
| Date |  | | | |
| Time |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| Gas monitor serial number |  | | | |
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| Supervisor’s signature |  | | | |
| Company or department |  | | | |
| Date |  | | | |
| Time |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Point of entry or At workplace (delete as appropriate) | | | |
| Gas monitor serial number |  | | | |
| Gas monitor model – calibrated? | Yes or No (delete as appropriate) | | | |
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| Confirm safe to enter | Yes or No (delete as appropriate) | | | |
| Supervisor’s name |  | | | |
| Supervisor’s signature |  | | | |
| Company or department |  | | | |
| Date |  | | | |
| Time |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Point of entry or At workplace (delete as appropriate) | | | |
| Gas monitor serial number |  | | | |
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| Company or department |  | | | |
| Date |  | | | |
| Time |  | | | |