

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 (O ₂) percentage:	Hydrogen sulfide (H ₂ S) 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 (O ₂) percentage:	Hydrogen sulfide (H ₂ S) 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 (O ₂) percentage:	Hydrogen sulfide (H ₂ S) 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				

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Gas monitor serial number				
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Confirm safe to enter	Yes or No (delete as appropriate)			
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