

CONFINED SPACE ENTRY PERMIT – HIGH RISK

This permit must be signed by the Authorised Competent Person or Responsible Officer before the work proceeds. Only the work listed may be carried out. Refer to AS/NZS 2865 to assist.

THIS PERMIT SHOULD BE DISPLAYED ADJACENT TO THE CONFINED SPACE

1. Permit Details:									
Date of entry:	ime:	Estimated duration	on of work:						
Location of confined space entry:									
The reason for the entry is:									
Number of persons entering confined space:									
1.1 Permit Authorisation (to be signed by Permit Manager e.g. Curtin Responsible Officer)									
Authorisation is given to commence the confined space work under the conditions described on the permit. I understand and									
accept the conditions and precautions detailed on this permit and shall ensure that all personnel involved in the confined space entry described are informed of them.									
Permit Manager (print name):		gnature:		Date:	Ti	me:			
	Justine Justin Justine Justine Justine Justine Justine Justine Justine Justine								
1.2 Personnel Involved									
Entrants:					First Aid:				
	-								
1.3 Required Documentation (please attach the documents listed below)									
Records of all relevant training for all persons named on the permit (e.g. confined space training, first aid etc.)									
Emergency response plan									
Communication plan									
☐ Job Safety Analysis or Sa	afety Work Metho	od Statement							
2. Permit Conditions									
(be aware the conditions may			nuous review)						
2.1 Potential Entry Related Ha	zards (tick all tha	t apply)							
Oxygen (<19.5% >23%)		Materials harm	ful to skin		High Temperatur	e 🗌			
Flammable gas or vapours		Mechanical haz	Mechanical hazards Res			; <u> </u>			
Noise		Other:							
2.2 Permits Required					Risk Work Permit	Requirements			
Isolation of Confined Space (if (tick all that apply)	required)			(tick o	all that apply)				
Mechanical Systems		Fire Systems] Hot W	Vork				
Pipelines (water, steam, gas etc.)		Hydraulics	Hydraulics Dig / Ex						
Electrical (High or Low Voltage	Sludges/deposi	Sludges/deposits/waste							
Locks and/or tags to isolation] (other)	(other)							
2.3 Preparation for Entry (tick all that apply)									
Blind/slip plate		Purge / clean							
Spool removal		Inert		Barriers / signage					
Double block and bleed		Ventilate		Hot work e	xclusion zone				
Excavation clearance		Isolation list		<u> </u>					



2.4 Communication Method (tick all that apply)													
Visual/audible	contact		Hand held ra	dio CH		Lifeline	sig	nals		ССТ	V cam	eras	
2.5 Emergency	Response Requir	emen	ts (tick all that	apply)									
Full body harne	ess		Mechanical h	oist		Lifeline				Eva	c siren		
Emergency not	ification procedu	re:											
2.6 Personal Pr	otective Equipme	ent <i>(tic</i>	ck all that apply	y)									
Airline			Mono-goggle	es]	Hearing	protec	tion			
SCBA			Chemical/dus	st respirator]	Face shi	eld				
Fall prevention			(other)]	(other)					
2.7 Other Equip	oment Requireme	ents (t	ick all that app	oly)									
32V (ELV) lighti	ng		Residual Curr	ent Device]	Ex-proof	flightii	ng			
Fire extinguishe	er		Extraction ve	ntilation]	(other)					
1. Conduct at 2. Area clean 3. Atmosphe 4. Adequate 5. Respirator 6. Appropriat 7. Suitable at 8. Workers fa 9. Is hot work (to be conducted)	Requirements for ply) hot work per tmospheric testing and free of combined with the confined wentilation incorpy equipment avate fire extinguished coess and exit? The amiliar with cutting the professional coefficients are seed by persons training the coefficients are seed to professional coefficients.	bustibud space porate ilable er che coceed ined a cquence communication of the coceed ined a cquence coceed in	be completed cord levels in second levels and operations ecked and in place developing SWIV?	quirements? ea? al? ace?	Gas D	Detector)		ce permit		Yes			
Date	Time		O ₂ 19.5 – 23.5)						ested By print name)				



5. Confined	Space Entry a	nd Exit Details										
Record of Confined Space Entry					Record of Confined Space Exit							
I/We understand the procedure required for entry and working within the confined space and the protective measures and equipment to be used.					I/We have safely exited the confined space at the time shown below.							
Date	Time	Print Name	Si	gnature	Date	ure						

	5.1 Appointed Stand-by Persons (need to be positioned at the entry point for the duration of the job, or alternative method approved for the site)											
Date												
	•	•	•									
6. Permit Closure:												
All works have been completed and the site is left in a clean and safe condition.												
As described above all work associated with this permit has been completed and isolations removed. Permit Manager (print name): Signature: Date: Time:												
Permit Manager (print name): Sign			Signature	: .	D	ate:		ne:				