



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:	Time:	Estimated duration 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):	Signature:	Date:	Time:
1.2 Personnel Involved			
Entrants:	Stand-by Person:	Rescue:	First Aid:
1.3 Required Documentation (please attach the documents listed below)			
<input type="checkbox"/> Records of all relevant training for all persons named on the permit (e.g. confined space training, first aid etc.)			
<input type="checkbox"/> Emergency response plan			
<input type="checkbox"/> Communication plan			
<input type="checkbox"/> Job Safety Analysis or Safety Work Method Statement			
2. Permit Conditions (be aware the conditions may change during entry and need continuous review)			
2.1 Potential Entry Related Hazards (tick all that apply)			
Oxygen (<19.5% >23%)	<input type="checkbox"/>	Materials harmful to skin	<input type="checkbox"/> High Temperature <input type="checkbox"/>
Flammable gas or vapours	<input type="checkbox"/>	Mechanical hazards	<input type="checkbox"/> Restricted access <input type="checkbox"/>
Noise	<input type="checkbox"/>	Other:	
2.2 Permits Required Isolation of Confined Space (if required) (tick all that apply)			High Risk Work Permit Requirements (tick all that apply)
Mechanical Systems	<input type="checkbox"/>	Fire Systems	<input type="checkbox"/> Hot Work <input type="checkbox"/>
Pipelines (water, steam, gas etc.)	<input type="checkbox"/>	Hydraulics	<input type="checkbox"/> Dig / Excavate <input type="checkbox"/>
Electrical (High or Low Voltage)	<input type="checkbox"/>	Sludges/deposits/waste	<input type="checkbox"/> Crane <input type="checkbox"/>
Locks and/or tags to isolation points	<input type="checkbox"/>	(other)	<input type="checkbox"/> Working at Heights <input type="checkbox"/>
2.3 Preparation for Entry (tick all that apply)			
Blind/slip plate	<input type="checkbox"/>	Purge / clean	<input type="checkbox"/> Scaffold ladder access <input type="checkbox"/>
Spool removal	<input type="checkbox"/>	Inert	<input type="checkbox"/> Barriers / signage <input type="checkbox"/>
Double block and bleed	<input type="checkbox"/>	Ventilate	<input type="checkbox"/> Hot work exclusion zone <input type="checkbox"/>
Excavation clearance	<input type="checkbox"/>	Isolation list	<input type="checkbox"/>



5. Confined Space Entry and 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	Signature

Date	Time	Signature

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	Time	Print Name	Signature

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: