CONFINED SPACES ENTRY PERMIT



SECTION 1 - TO BE COMPLETED BY THE PERSON AUTHORISING THE PERMIT

Building or maintenance work may be required in areas designated as Confined Space. If entering a confined space cannot be avoided, then a safe system for working inside the space must be implemented. This permit to work is issued to the nominated recipient for the specific occasion and date stipulated below:

Work Permit/WEX No:		
This permit is valid from (daily only):	hrs on to	hrs on
This Permit is issued to:	Organisation/Company: Contact name: Contact Telephone Number:	
Location of works:	Campus/Building/Space:	
Names of persons allowed into Confined Space:		
Reason for and description of works:		
a) Risk assessment has been carried out and is attached b) Safe Work Method Statement (SWMS) has been produced and is attached c) Risk assessment and SWMS reviewed by competent person d) In my opinion the hazard and engineering controls are adequate Yes Yes Yes No		
I have examined the area specified, have the subject to the conditions hereon:		
AUTHORISING PERSON:	TITLE:	DATE://
SECTION 2 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK		
Before approval is granted to proceed with v	work, confirm the following:	
a) As far as reasonably practical the risks associated with the confined work have been eliminated Yes b) Signage is erected in accordance with WHS2011s68 c) Additional permits have been submitted as required (e.g. Asbestos, Hot Work, Overhead Work) Yes No d) Continuous communication with the person(s) in the confined space is possible e) A watcher has been nominated to remain in the vicinity of the space and monitor conditions f) Specific controls for risks associated with connected plant & services; atmosphere; flammable gases and vapours; and fire and explosion have been addressed g) First aid, emergency, entry and exit procedures are established and practised as necessary, and all PPE is issued and maintained		
Isolations identified and required as per SWMS (tick as appropriate):	□ Isolation requirements identified and□ Other (specify):	procedure attached
Precautions and controls detailed in SWMS (tick as appropriate):	 □ Protective clothing □ Safety belt or harness □ Protected electrical equipment □ Special ventilation requirements Atmosphere tests are not / are require	 □ Respiratory equipment □ Lifting tackle □ Non-sparking tools □ Additional precautions (if none state none): ed at intervals of
Other Precautions required:	Method/Technique/Materials:	
Personnel controls identified in the Confined Space Entry Permit:	Maximum number of persons allowed in at one time. Maximum time each person allowed in at one stretch. Length of rest pauses between stretches. Number and names of watchers.	
I have read and understood the requirements and procedures required in this permit to work.		
NAME: DATE:/		
SECTION 3 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK AND EO		
The permitted work in the confined space has been completed and all persons have left the space. TIME:		
NAME: DATE:		