



PERMIT FORM FOR CONFINED SPACE ENTRY Category 1 and 2 type spaces

1. Name and Address

Contractor's Name .....

Location of work .....

Name(s) of workers .....

Trades supervisor (UQ) .....

2. Description of work to be undertaken

(Describe briefly the work to be undertaken)

[Empty rectangular box for description of work]

3. Isolation of confined space

(Tick the items below which have been isolated or made safe):

- Isolation checklist items: Pipelines, Mechanical/electrical drives, Sludges/deposits/waste, Harmful materials, Electrical services, Warning notices, locks or tags, Radiation services, Mechanical services.

4. Hot work

(Tick the items below which will be observed if hot work is performed)

- Hot work checklist items: Area clean, Drains covered, Fire extinguishers, Welding machine location, Welding machine earthing, Power leads.



**5. Hazards likely to be encountered**

(Identify what hazards may be encountered during the work – include any work materials which might be used e.g. 2-pack epoxy paints and cleaning products. Also consider what types of contaminants are generated in confined space environments e.g. phosphine is produced when grain dust is wetted or where welding occurs in this type of environment)

**6. Atmospheric test requirements**

(Fill in the details below relating to atmospheric conditions. Indicate time of measurement.)

Atmosphere	Acceptable conditions	Result Time.....	Result Time.....	Result Time.....	Result Time.....	Result Time.....
Oxygen-min	>19.5%					
Oxygen-max	<23.5%					
Flammability	<10% LEL/UEL					
Hydrogen sulphide	<10ppm					
Chlorine	<1ppm					
Carbon monoxide	<30ppm					
Sulphur dioxide	<2ppm					
Other						
<b>Test initials</b>						

**7. Stand-by personnel and rescue arrangements**

Stand-by person(s): .....

Emergency procedures are understood and are available

**8. Personal Protective Equipment**

(Tick the personal protective equipment which will be worn):

- Supplied-air respirators
- Air-purifying respirator (filter type .....
- Safety harness and/or safety line or lifeline/rescue
- Eye protectors
- Hand protection
- Foot protection
- Protective clothing
- Hearing protectors
- Safety helmets



**8. Ventilation/ Requirement for purging**

(Specify ventilation method required)

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**9. Authorisation**

**Trade Supervisor / Project Officers**

Approval	The confined space described above is in my opinion in a safe condition for the work to be done provided that the precautions above are fully observed. Signed _____ date/time _____ .
	I certify that I have re-examined the above confined space and that it will be safe to enter without/with approved breathing apparatus from _____ on _____ to _____ on _____ . Signed _____ date/time _____ .
Renewal	I certify that I have re-examined the above confined space and this permit is extended to _____ on _____ . Signed _____ date/time _____ .

**Tradesman**

Acceptance	I have read and understood the above safety requirements and will ensure that they are strictly followed.  Signed _____ date/time _____
Completion	I certify that work has been completed and that all personnel, tools and equipment have been withdrawn, all guards and covers replaced and all barriers and notices withdrawn. Signed _____ date/time _____
Extension Request	Work has not been completed and an extension is requested.  Signed _____ date/time _____
Inspection & Recommissioning	The above confined space has been inspected by me and is safe to be taken back into service.  Signed _____ date/time _____