CATEGORY 1 and 2 TYPE SPACES

1. Name

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Section/Contractor</th>
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<tbody>
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Location of work: ________________________

2. Description of work to be undertaken
(Describe briefly the work to be undertaken)


3. Isolation of confined space
(Tick the items below which have been isolated or made safe):

- Pipelines (water, steam, gas, etc.)
- Mechanical/electrical drives
- Sludges/deposits/waste
- Harmful materials
- Electrical services
- Warning notices, locks or tags have been fixed to means of isolation
- Radiation services
- Mechanical services

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

- Area clean and free of all readily combustible material
- All drains within 15m covered with fireproof wet blanket
- Appropriate fire extinguishers on site near source of ignition
- Welding machine/gas cylinders located (not within 8m of any drain)
- Welding machine earthed directly to equipment being welded as close to welding point as possible
- Power leads not draped across pipelines or access ways
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.)

<table>
<thead>
<tr>
<th>Atmosphere</th>
<th>Acceptable conditions</th>
<th>Result Time....</th>
<th>Result Time.....</th>
<th>Result Time.....</th>
<th>Result Time.....</th>
<th>Result Time.....</th>
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<tbody>
<tr>
<td>Oxygen-min</td>
<td>&gt;19.5%</td>
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<tr>
<td>Oxygen-max</td>
<td>&lt;23.5%</td>
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<tr>
<td>Flammability</td>
<td>&lt;10%</td>
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<tr>
<td>LEL/UEL</td>
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<tr>
<td>Hydrogen sulphide</td>
<td>&lt;10ppm</td>
<td></td>
<td></td>
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<tr>
<td>Chlorine</td>
<td>&lt;1ppm</td>
<td></td>
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<tr>
<td>Carbon monoxide</td>
<td>&lt;30ppm</td>
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<tr>
<td>Sulphur dioxide</td>
<td>&lt;2ppm</td>
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<tr>
<td>Other</td>
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<tr>
<td>Test initials</td>
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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
9. **Ventilation/Requirement for purging**

   (Specify ventilation method required)

| 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 and risk assessment has been completed.  
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______________

10. **Risk Assessment/SWMS**

Risk Assessment Number: ___________(If completed in UQ Risk Assessment Database).  
Or, please attach a copy of Risk Assessment/SWMS.

11. **Authorisation**

**Trade Supervisor / Project Officers / Sewage Operator**

| 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 and risk assessment has been completed.  
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 and Recommissioning | The above confined space has been inspected by me and is safe to be taken back into service.  
Signed ______________________ date/time______________
CONFINED SPACES ENTRY PROCEDURE

The Confined Spaces register should contain a detailed risk assessment for all confined spaces. This forms the basis of the entry procedure to the confined space.

A risk assessment MUST be performed by a qualified person prior to starting work in any category of confined space.

Procedure:
Can work be performed from outside confined Space? If no:

- Locate confined space risk assessment from register and identify class of confined space.

- Complete entry permit. This will include:
  - Person/s entering confined space
  - Type of work being performed
  - Period of work the permit is valid for
  - Atmospheric test readings for:
    - Oxygen
    - Combustible gases or vapours
    - Potentially explosive dusts
    - CO
    - Specific toxic chemicals listed in the hazard assessment
  - Name/s of standby person/s (category 1 & 2)
  - The type of ventilation required
  - Whether safety harness is required
  - Any PPE required (category 1& 2)
  - Availability of Material Safety Data Sheet for any products used in the confined space

- Ensure entry permit is checked and signed by supervisor

- Maintain work in the confined space for only the allocated time frame

- Look for any other precautions required as per risk assessment:
  - Ongoing monitoring (category 1)
  - 2-way radios/ other communication techniques