

Confined Space Entry Permit to Work Form

Section 1 – Details of Work (to be completed by authorised person)

Permit number:

Exact location of Work:

Specific Details of Work:

Work to commence -	Date:	Time:
To be completed by -	Date:	Time:

Hazards identified (including any introduced by use of PPE etc.):

Control measures and precautions necessary:	Yes	No	N/A	Person Responsible for implementation
▪ Safe access / egress for operatives, necessary equipment and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Adequate space to carry out work safely and space free from clutter and debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Operatives adequately trained and suitable for tasks and trained in use of any PPE that has to be worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Competent supervision on hand throughout job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Incoming services isolated –gas / electricity / steam / water / fuel / other* (*delete as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Installed equipment isolated mechanically / *electrically /*both (*delete as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Equipment and pipes / tanks have been drained and vented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Potential ingress of fumes or other substances (e.g. excess rainwater if outside) has been evaluated and control measures arranged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Residues, sludge or other potential causes of fume have been removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Atmospheric testing for oxygen / toxic fumes / flammables* has been carried out (*delete as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ There are proven means and trained people prepared for evacuating a casualty from this confined space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Suitable means of communication have been set up for those in the confined space to persons/s on watch or outside at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

▪ Suitable tools and equipment have been selected, and intrinsically safe electrical appliances if a flammable atmosphere may exist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Adequate ventilation by natural air flow / mechanical means* has been arranged (*delete as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Adequate lighting has been arranged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Fire prevention arrangements / fire extinguishers* are provided (*delete as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Any other precautions applicable to this job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Personal protective equipment required? – Provided details

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Worker Declaration - "I have read and I understand the Permit to Work" (signatures / names)

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I declare that I understand the identified risks involved in the work, agree to undertake only the work detailed on the permit to work and will ensure continued implementation of the special precautions and control measures listed.

Signature of Competent Person:		Date:
		Time:

Section 2 – Acceptance

The work location has been examined and the precautions listed have been complied with. I consider that the above mentioned location is safe for the Competent Person to commence work activities and agree that the work can be carried out for the specified duration.

Signature of Authorised Person:		Date:
		Time:

Section 3 – Following completion of the work

I hereby declare that the work described in Section 1 is complete. The area has been inspected and all persons, tools and equipment have been withdrawn.

Signature of Competent Person		Date:
		Time:

Section 4 – Cancellation

I hereby declare that the work has been completed and that the area is safe to return to normal service.

Signature of Authorised Person:		Date:
		Time: