

COMPLETING A CONFINED SPACE ENTRY PERMIT

1.

The CSE Authorising Officer¹, the person(s) entering the space and the standby(s) complete a risk assessment of the confined space (if one does not exist) and the activity that will be undertaken in the confined space.

2.

The CSE Authorising Officer documents on the permit:

- a) the date of entry
- b) the permit expiry time (maximum 12 hours)
- c) the confined space that will be entered (Section 1 – Identification)
- d) the description of the work and a safe work method statement is available (Section 2 – Description of Work)
- e) the control measures that were identified during the risk assessment (Sections 3 to 10)

3.

Once the CSE Authorising Officer is satisfied that the risks have been identified and controlled the CSE Authorising Officer authorises the permit.

Signs and dates the permit - Section 1.

White Copy	Retained by person(s) entering the space for the duration of the work.
Green Copy	Retained by CSE Authorising Officer for the duration of the work.
Blue Copy	Retained at a suitable, predetermined location (usually in the hot work permit pad).

4.

The person(s) entering the space and the standby(s) complete Sections 12 to 14 throughout the activity.

5.

On completion of the work/exit from the confined space:

White Copy	Returned to the CSE Authorising Officer.
Green Copy	Returned to the CSE Authorising Officer.
Blue Copy	Returned to the CSE Authorising Officer.

When satisfied that the area has been made safe and all person(s) have exited the confined space the CSE Authorising Officer signs off and dates the permit (Section 15).

The CSE permit is retained by the CSE Authorising Officer for 1 month.

For further information refer to the *Confined spaces risk management procedure*.

¹ The CSE Authorising Officer cannot be the person entering the confined space.



CONFINED SPACE ENTRY PERMIT

ACCESS PERMIT NO:	SAMPLE – DO NOT USE
DATE OF ENTRY:	
PERMIT EXPIRES:	

THIS PERMIT MUST BE COMPLETED AND SIGNED PRIOR TO ALL CONFINED SPACE ENTRIES & RETAINED FOR AT LEAST ONE MONTH

1. IDENTIFICATION	CONFINED SPACE LOCATION (eg level, room no.): ADDRESS: CONFINED SPACE NO: _____ MANHOLE NO: (If applicable) PUMPING STATION: _____					
2. DESCRIPTION OF WORK	THE IMMEDIATE VICINITY BEEN ASSESSED FOR CONFLICTING ACTIVITIES: YES <input type="checkbox"/> SAFE WORK METHOD STATEMENT(S) AVAILABE: YES <input type="checkbox"/>					
3. HOT WORK	WILL THE HOT WORK BE CONDUCTED IN A CONFINED SPACE? YES <input type="checkbox"/> NO <input type="checkbox"/> If answer is "YES" a Hot Work Permit must also be completed HW PERMIT NO: _____					
4. ISOLATION	ELECTRICAL ISOLATION: YES <input type="checkbox"/> NO <input type="checkbox"/> PIPELINE ISOLATION: YES <input type="checkbox"/> NO <input type="checkbox"/> MECHANICAL ISOLATION: YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER: YES <input type="checkbox"/> NO <input type="checkbox"/> CONTACT WITH MAINTENANCE IS REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> REQUIRED ISOLATION IS CHECKED BY: _____					
5. PURGING AND VENTILATION	PURGING REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES GAS USED: NATURAL/FRESH AIR: YES <input type="checkbox"/> NO <input type="checkbox"/> MECHANICAL VENTILATION: YES <input type="checkbox"/> NO <input type="checkbox"/> IF MECHANICAL VENTILATION IS REQUIRED IS IT FOR THE DURATION OF ENTRY INTO THE SPACE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES LIST TYPE: _____					
6. ATMOSPHERIC TESTING <i>Record readings prior to entry</i>	LEL %	CO ppm	O ₂ %	H ₂ S ppm	CO ₂ %	OTHER
7. COMMUNICATION	IS CONTINUOUS MONITORING REQUIRED FOR THE DURATION OF ENTRY? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINUOUS COMMUNICATION HAS BEEN ESTABLISHED PRIOR TO ENTRY? YES <input type="checkbox"/> DESCRIBE (Radio, lifeline, visual, speaking etc): _____					
8. PPE AND OTHER EQUIPMENT	Tick items of PPE and other equipment required by persons entering the Confined Space GLOVES <input type="checkbox"/> EYE PROTECTION <input type="checkbox"/> OVERALLS <input type="checkbox"/> HEARING PRO <input type="checkbox"/> HELMET <input type="checkbox"/> BOOTS <input type="checkbox"/> SELF RESCUE RESP <input type="checkbox"/> CHEMICAL SUIT <input type="checkbox"/> LIFELINE <input type="checkbox"/> FALL ARREST <input type="checkbox"/> AIRLINE <input type="checkbox"/> RESPIRATORY PRO <input type="checkbox"/> VENTILATION <input type="checkbox"/> LADDER <input type="checkbox"/> PLATFORM <input type="checkbox"/> SIGNAGE <input type="checkbox"/> TWO WAY RADIO <input type="checkbox"/> GAS DETECTOR <input type="checkbox"/> LIGHTING <input type="checkbox"/> BARRICADES <input type="checkbox"/> FIRST AID <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> OTHER <input type="checkbox"/> (List) _____					
9. PERSONNEL	NAME OF ENTRY PERSON		VALID CSE		NAME OF STANDBY PERSON	
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
10. EMERGENCY PLANS	EMERGENCY CONTACT NUMBERS (List): EMERGENCY EQUIPMENT (List)					
11. SAFE TO ENTER CSE AUTHORISING OFFICER	THE CONFINED SPACE DESCRIBED IN THIS ENTRY PERMIT IS IN MY OPINION SAFE TO ENTER USING PRECAUTIONS LISTED ABOVE AND ALL PERSONS ARE PROPERLY TRAINED TO PERFORM THIS WORK. <div style="display: flex; justify-content: space-between;"> NAME _____ SIGNATURE _____ DATE _____ TIME _____ </div>					
12. UNIVERSITY OF MELBOURNE ENTRY TIME	CONTACT THE UNIVERSITY OF MELBOURNE FOR ENTRY TIME (List name and telephone numbers) CONTACT: _____ NUMBER: _____ TIME PHONED (Entry): _____					
13. ENTRY AND EXIT LOG	NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	
14. UNIVERSITY OF MELBOURNE EXIT TIME	CONTACT THE UNIVERSITY OF MELBOURNE FOR EXIT TIME (List telephone numbers) CONTACT: _____ NUMBER: _____ TIME PHONED (EXIT): _____					
15. SIGN OFF CSE AUTHORISING OFFICER	THE AREA HAS BEEN MADE SAFE, ALL PERSONNEL NAMED ABOVE AND TOOLS/EQUIPMENT HAVE EXITED THE SPACE. THIS JOB IS NOW CLOSED <div style="display: flex; justify-content: space-between;"> NAME _____ SIGNATURE _____ DATE _____ TIME _____ </div>					

SAMPLE ONLY
 DO NOT USE
 CONTACT HEALTH & SAFETY FOR ACTUAL PERMIT