1. The CSE Authorising Officer, 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 11

<table>
<thead>
<tr>
<th>White Copy</th>
<th>Retained by person(s) entering the space for the duration of the work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Copy</td>
<td>Retained by CSE Authorising Officer for the duration of the work.</td>
</tr>
<tr>
<td>Blue Copy</td>
<td>Retained at a suitable, predetermined location (usually in the hot work permit pad).</td>
</tr>
</tbody>
</table>

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  
   **SAFE WORK METHOD STATEMENT(S) AVAILABLE:** YES

3. **HOT WORK**

   **WILL THE HOT WORK BE CONDUCTED IN A CONFINED SPACE?** YES  NO  
   **If answer is “YES” a Hot Work Permit must also be completed**

   **HW PERMIT NO:**

4. **ISOLATION**

   **ELECTRICAL ISOLATION:** YES  NO  
   **PIPELINE ISOLATION:** YES  NO  
   **MECHANICAL ISOLATION:** YES  NO  
   **CONTACT WITH MAINTENANCE IS REQUIRED:** YES  NO  
   **OTHER:** YES  NO

5. **PURGING AND VENTILATION**

   **PURGING REQUIRED:** YES  NO  
   **IF YES GAS USED:** NATURAL/FRESH AIR: YES  NO  
   **IF MECHANICAL VENTILATION IS REQUIRED IS IT FOR THE DURATION OF ENTRY INTO THE SPACE?** YES  NO

6. **ATMOSPHERIC TESTING**

   **Record readings prior to entry**

<table>
<thead>
<tr>
<th>LEL %</th>
<th>CO ppm</th>
<th>O₂ %</th>
<th>H₂S ppm</th>
<th>CO₂ %</th>
<th>OTHER</th>
</tr>
</thead>
</table>
   **IS CONTINUOUS MONITORING REQUIRED FOR THE DURATION OF ENTRY?** YES  NO

7. **COMMUNICATION**

   **CONTINUOUS COMMUNICATION HAS BEEN ESTABLISHED PRIOR TO ENTRY?** YES  NO

   **DESCRIBE (Radio, visual, speaking etc):**

8. **PPE AND OTHER EQUIPMENT**

   **Tick items of PPE and other equipment required by persons entering the Confined Space**

<table>
<thead>
<tr>
<th>GLOVES</th>
<th>EYE PROTECTION</th>
<th>OVERALLS</th>
<th>HEARING PRO</th>
<th>HELMET</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOOTS</td>
<td>SELF RESUE RESP</td>
<td>CHEMICAL SUIT</td>
<td>LIFELINE</td>
<td>FALL ARREST</td>
</tr>
<tr>
<td>AIRLINE</td>
<td>RESPIRATORY RO</td>
<td>VENTILATION</td>
<td>LADDER</td>
<td>PLATFORM</td>
</tr>
<tr>
<td>SIGNAGE</td>
<td>TWO WAY RADIO</td>
<td>GAS DETECTOR</td>
<td>LIGHTING</td>
<td>BARRICADES</td>
</tr>
<tr>
<td>FIRST AID</td>
<td>FIRE EXTINGUISHER</td>
<td>PLATFORM</td>
<td>(List)</td>
<td></td>
</tr>
</tbody>
</table>

9. **PERSONNEL**

   **NAME OF ENTRY PERSON:** VALID CSE  
   **NAME OF STANDBY PERSON:** VALID CSE

10. **EMERGENCY PLANS**

    **EMERGENCY CONTACT NUMBERS (List):**

    **EMERGENCY EQUIPMENT (List):**

11. **SAFE TO ENTER**

    **CSE AUTHORIZING 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.**

    **NAME:** SIGNATURE: DATE: TIME:

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:**

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 AUTHORIZING OFFICER**

    **THE AREA HAS BEEN MADE SAFE, ALL PERSONNEL NAMED ABOVE AND TOOLS/EQUIPMENT HAVE EXITED THE SPACE. THIS JOB IS NOW CLOSED**

    **NAME:** SIGNATURE: DATE: TIME:

---

Date: October 2015  
Version 1.2  
Authorised by: Associate Director, Health & Safety  
© The University of Melbourne  
Next review October 2018