CONFINED SPACE ENTRY PERMIT

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 ☐
   OTHER: YES ☐ NO ☐

5. PURGING AND VENTILATION
   PURGING REQUIRED: YES ☐ NO ☐
   IF YES GAS USED: 
   NATURAL/FRESH AIR: YES ☐ NO ☐
   MECHANICAL VENTILATION: YES ☐ NO ☐
   IF MECHANICAL VENTILATION IS REQUIRED IS IT FOR THE DURATION OF ENTRY INTO THE SPACE?
   YES ☐ NO ☐
   IF YES LIST TYPE:

6. ATMOSPHERIC TESTING
   Record readings prior to entry
   LEL % CO ppm O₂ % H₂S ppm CO₂ % OTHER
   IS CONTINUOUS MONITORING REQUIRED FOR THE DURATION OF ENTRY? YES ☐ NO ☐

7. COMMUNICATION
   CONTINUOUS COMMUNICATION HAS BEEN ESTABLISHED PRIOR TO ENTRY? YES ☐
   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 ☐ EYE PROTECTION ☐ OVERALLS ☐ HEARING PRO ☐ HELMET ☐
   BOOTS ☐ SELF RESCUE RESP ☐ CHEMICAL SUIT ☐ LIFELINE ☐ FALL ARREST ☐
   AIRLINE ☐ RESPIRATORY PRO ☐ VENTILATION ☐ LADDER ☐ PLATFORM ☐
   SIGNAGE ☐ TWO WAY RADIO ☐ GAS DETECTOR ☐ LIGHTING ☐ BARRICADES ☐
   FIRST AID ☐ FIRE EXTINGUISHER ☐ OTHER ☐ (List)

9. PERSONNEL
   NAME OF ENTRY PERSON VALID CSE
   NAME OF STANDBY PERSON VALID CSE
   YES ☐ NO ☐ YES ☐ NO ☐
   YES ☐ NO ☐ YES ☐ NO ☐
   YES ☐ NO ☐ YES ☐ NO ☐
   YES ☐ NO ☐ YES ☐ NO ☐

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.

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

Date: November 2017 Version 1.3 Authorised by: Manager, Health & Safety, Operations
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