**CONFINED SPACE ENTRY PERMIT**

**ACCESS PERMIT NO:** SAMPLE – DO NOT USE

**DATE OF ENTRY:**

**PERMIT EXPIRES:**

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

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**1. IDENTIFICATION**

<table>
<thead>
<tr>
<th>CONFINED SPACE LOCATION (eg, level, room no.):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CONFINED SPACE NO:</td>
<td>MANHOLE NO: (if applicable)</td>
</tr>
<tr>
<td>PUMPING STATION:</td>
<td></td>
</tr>
</tbody>
</table>

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**2. DESCRIPTION OF WORK**

- **THE IMMEDIATE VICINITY BEEN ASSESSED FOR CONFLICTING ACTIVITIES:** YES [ ] NO [ ]
- **SAFE WORK METHOD STATEMENT(S) AVAILABLE:** YES [ ] NO [ ]

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**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:**

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**4. ISOLATION**

- **ELECTRICAL ISOLATION:** YES [ ] NO [ ]
- **PIPELINE ISOLATION:** YES [ ] NO [ ]
- **MECHANICAL ISOLATION:** YES [ ] NO [ ]
- **OTHER:** YES [ ] NO [ ]
- **CONTACT WITH MAINTENANCE IS REQUIRED:** YES [ ] NO [ ]
- **REQUIRED ISOLATION IS CHECKED BY:**

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**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:**

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**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 [ ]

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**7. COMMUNICATION**

- **CONTINUOUS COMMUNICATION HAS BEEN ESTABLISHED PRIOR TO ENTRY?** YES [ ] NO [ ]
- **DESCRIBE (Radio, lifeline, visual, speaking etc):**

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**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**
  - **TWO WAY RADIO**
  - **GAS DETECTOR**
  - **LIGHTING**
  - **BARRICADES**
  - **LIST**

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**9. PERSONNEL**

- **NAME OF ENTRY PERSON**
  - **VALID CSE**
  - **NAME OF STANDBY PERSON**
  - **VALID CSE**
  - **YES**
  - **NO**
  - **YES**
  - **NO**
  - **YES**
  - **NO**
  - **YES**
  - **NO**
  - **YES**
  - **NO**

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**10. EMERGENCY PLANS**

- **EMERGENCY CONTACT NUMBERS (List):**
- **EMERGENCY EQUIPMENT (List):**

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**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.**

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**12. UNIVERSITY OF MELBOURNE ENTRY TIME**

- **CONTACT THE UNIVERSITY OF MELBOURNE FOR ENTRY TIME (List name and telephone numbers)**

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**13. ENTRY AND EXIT LOG**

- **NAME**
  - **TIME IN**
  - **TIME OUT**
  - **TIME IN**
  - **TIME OUT**

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**14. UNIVERSITY OF MELBOURNE EXIT TIME**

- **CONTACT THE UNIVERSITY OF MELBOURNE FOR EXIT TIME (List telephone numbers)**

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**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**

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