



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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">LEL %</td> <td style="width: 15%;">CO ppm</td> <td style="width: 15%;">O₂ %</td> <td style="width: 15%;">H₂S ppm</td> <td style="width: 15%;">CO₂ %</td> <td style="width: 15%;">OTHER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> IS CONTINUOUS MONITORING REQUIRED FOR THE DURATION OF ENTRY? YES <input type="checkbox"/> NO <input type="checkbox"/>	LEL %	CO ppm	O ₂ %	H ₂ S ppm	CO ₂ %	OTHER										
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7. COMMUNICATION	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">NAME OF ENTRY PERSON</td> <td style="width: 15%;">VALID CSE</td> <td style="width: 30%;">NAME OF STANDBY PERSON</td> <td style="width: 15%;">VALID CSE</td> </tr> <tr> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td> </td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> </table>	NAME OF ENTRY PERSON	VALID CSE	NAME OF STANDBY PERSON	VALID CSE		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
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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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">NAME</th> <th style="width: 12.5%;">TIME IN</th> <th style="width: 12.5%;">TIME OUT</th> <th style="width: 12.5%;">TIME IN</th> <th style="width: 12.5%;">TIME OUT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	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) 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>																

