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| A5_Blue[1] to black May 07***CONFINED SPACE ENTRY PERMIT*** | ACCESS PERMIT NO: |  |
| 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: |
| 1. DESCRIPTION OF WORK
 |  |
|  |
| THE IMMEDIATE VICINITY BEEN ASSESSED FOR CONFLICTING ACTIVITIES: YES **[ ]**  |
| SAFE WORK METHOD STATEMENT(S) AVAILABE: YES **[ ]**  |
| 1. 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: |  |
|  |
| 1. 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: |
| 1. 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: |
| 1. 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 **[ ]**  |
| 1. COMMUNICATION
 | CONTINUOUS COMMUNICATION HAS BEEN ESTABLISHED PRIOR TO ENTRY? YES **[ ]**  |
| DESCRIBE (Radio, lifeline, visual, speaking etc): |
| 1. 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) |
| 1. 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 **[ ]**  |
| 1. EMERGENCY PLANS
 | EMERGENCY CONTACT NUMBERS (List): |
| EMERGENCY EQUIPMENT (List) |
| 1. 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. |
|  |  |  |  |  |  |  |
| NAME |  | SIGNATURE |  | DATE |  | TIME |
| 1. UNIVERSITY OF MELBOURNE ENTRY TIME
 | **CONTACT THE UNIVERSITY OF MELBOURNE FOR ENTRY TIME** (List name and telephone numbers) |
| CONTACT: | NUMBER: |
| TIME PHONED (Entry): |
| 1. ENTRY AND EXIT LOG
 | NAME |  | TIME IN | TIME OUT | TIME IN | TIME OUT |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. UNIVERSITY OF MELBOURNE EXIT TIME
 | **CONTACT THE UNIVERSITY OF MELBOURNE FOR EXIT TIME** (List telephone numbers) |
| CONTACT: | NUMBER: |
| TIME PHONED (EXIT): |
| 1. 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** |
|  |  |  |  |  |  |  |
| NAME |  | SIGNATURE |  | DATE |  | TIME |