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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 |
|  | | | | | | | |  |  | | | | |  | | | | | |  | | | | | |  |
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| 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 | | |