### CONFINED SPACE ENTRY PERMIT

#### 1. GENERAL DETAILS
- **Name of Permit Requestor:** [Name]
- **Name of Permit Approver:** [Name]
- **Details of confined space:** Building: [Building], Location: [Location], Other: [Other]
- **Description of work:**
- **Time period during which work will be carried out in the space:**
  - **Start Date:** [Date]
  - **Start Time:** [Time]
  - **Finish Date:** [Date]
  - **Finish Time:** [Time]

#### 2. ISOLATION
- **YES** [ ]  **NO** [ ]
- Does the space need to be isolated from any of the following services? [ ]
  - **Service to isolate**
  - **Method of Isolation**
  - **Location of the source**

#### 3. ATMOSPHERIC PRESSURE
- Establish atmospheric pressure before entering the space.

#### 4. ATMOSPHERIC TESTING AND MONITORING
- **YES** [ ]  **NO** [ ]
- Is the atmosphere within the confined space required to be continuously monitored? [ ]
- If no explain why [ ].
- Ensure the following table is completed before entry into the space has been authorised through the completion of this permit:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>O₂ (%)</th>
<th>CO (ppm)</th>
<th>H₂S (ppm)</th>
<th>LEL (%)</th>
<th>Other</th>
<th>Tested by</th>
<th>Instrument Serial Number</th>
</tr>
</thead>
</table>

#### 5. PURGING
- **YES** [ ]  **NO** [ ]
- Is purging, cleaning or ventilation required to make the area safe? [ ]
- If entering the confined space is required to undertake purging, cleaning or ventilation activities, has supplied-air respiratory equipment been provided to workers? [ ]

#### 6. COMMUNICATION AND SAFETY MONITORING
- **YES** [ ]  **NO** [ ]
- Has a system of work been provided that includes continuous communication from outside the space with workers inside the space and monitors condition within the confined space by a standby person? [ ]

- **Name of stand-by person**

- **Detail communication and safety monitoring system**

#### 7. RISK ASSESSMENT
- **YES** [ ]  **NO** [ ]
- Has a risk assessment been completed that outlines potential hazards associated with entry into and work being undertaken in the space, including atmospheric and engulfment hazards, as well as control measures that will eliminate or manage the risk associated with these hazards? [ ]

#### 8. EMERGENCY PLAN
- **YES** [ ]  **NO** [ ]
- Has an emergency plan been attached to the permit [ ]
- Is the emergency plan suitable for the location of the work? [ ]

#### 9. AUTHORISED ENTRANTS
- List workers who are authorised to enter the confined space during the permit validation period. Ensure only workers who have been provided with suitable and adequate information, training and instruction are listed as authorised entrants.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
</tbody>
</table>

#### 8. AUTHORISATION
- The Permit Approver will enable the Permit Requestor to enter the confined space by signing their name in this section:

<table>
<thead>
<tr>
<th>Permit Approver</th>
<th>Permit Requestor</th>
</tr>
</thead>
</table>

#### 10. PERMIT CLOSURE
- At the cessation of work the Permit Requestor and the Permit Approver are to sign off that the working area has been left in a safe condition.

<table>
<thead>
<tr>
<th>Permit Approver</th>
<th>Permit Requestor</th>
</tr>
</thead>
</table>