# Confined Space Entry Risk Assessment & Permit

* The Facility Manager is responsible for ensuring the permit has been satisfactorily completed prior to the commencement of entry.
* When the entry is complete or this permit expires, the Authorised Person for the confined space entry must sign off the permit.
* In the case of contractors, the contractor and or their supervisor is responsible for completing this permit with the Facility Manager being given the completed form.
* This permit is valid only for the date and time specified.
* It is the responsibility of the Technical Officer to ensure that any Gas Detection Device is calibrated within the manufacturers specifications. Equipment outside of the calibration date shall not be used until a calibration is undertaken.
* It is the responsibility of the Technical Officer to ensure that harnesses are within their inspection date and that all of the equipment to be used during the entry is in a good condition.

**Part A: Authorisation**

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| --- |
| **Confined Space No.: Date issued:** |
| **Authorised person (confined space entry supervisor):** |
| **Permit validity: Date of entry / / Time of entry:** From: To: |
| **Proposed work to be carried out and location:** |
| **Name of person/s entering confined space:** |
| **Name of stand-by person:** |

**Part B: Pre-entry requirements**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Requirement** | | **Yes** | **No** | **Risk Rating** | **Risk Reduction/Mitigation Actions** | |
| 1 | Are any mechanical, electrical, pipe, valve or other isolations required?  Specify  For example, pipelines (water, steam or gas), mechanical or electrical drives, sludges, deposits, wastes, harmful materials, electrical services, warning notices, locks and tags fixes to means of isolation, radiation and mechanical services. |  |  |  |  | |
| 2 | Have the levels of ventilation and  oxygen / contaminants been checked? |  |  |  | Oxygen | % |
| Flammable gases | % LEL |
| Other | ppm |
| 3 | Is there a requirement for levels of ventilation and oxygen contaminants to be checked constantly or on a frequent basis i.e. every 30 minutes? If yes, specify checking frequency. |  |  |  |  | |
| 4 | Are toxic gases, solids or liquids present? |  |  |  |  | |
| 5 | Is ventilation equipment required?  Specify type used |  |  |  |  | |
| 6 | Is there a need for the confined space entry rescue equipment to be at the entry point? (This equipment is available from Beauty Point- contact is Chris Wells) |  |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requirement** | | **Yes** | **No** | **Risk Rating** | **Risk Reduction/Mitigation Actions** |
| 6 | Is safety equipment or personal protective equipment required?  Specify PPE to be worn  For example, supplied air respirators, air purifying respirator, safety harness, safety protection, foot protection, protective clothing, hearing protectors, safety helmets or communication equipment. |  |  |  |  |
| 7 | Have health assessments of personnel been conducted? |  |  |  |  |
| 8 | Is a stand-by person required? Most work requires nomination of a stand-by person. |  |  |  |  |
| 9 | Ventilation requirement for purging? |  |  |  |  |
| 10 | Have any required danger tags or isolation devices been fitted? |  |  |  |  |
| 11 | Are the appropriate emergency procedures or equipment in place and understood by all parties entering the work space and stand-by personnel? Specify. |  |  |  |  |
| 12 | The conditions for entry are as marked below:   1. with supplied air breathing apparatus 2. without respiratory protection 3. with escape unit |  |  |  |  |
| 13 | Is there a need for warning notices, barricades? |  |  |  |  |
| 14 | All persons including the stand-by person have attended an accredited course in Confined Space Entry. |  |  |  |  |
| 15 | All persons advised of no smoking requirement in the area of task being conducted. |  |  |  |  |

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**Part C: Other hazards, precautions or requirements**

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**Part D: Manager Approval**

Permit approved and ready for work to commence.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part E: Authorised person/confined space entry supervisor acceptance**

I/We have checked the permits, procedures and isolations required for the safe entry and execution of the work in the confined space.

Persons entering the confined space are listed below, and will log in/out and will comply with these, any other reasonable instruction and in accordance with Australian Standard AS 2865:2009. The work area shall be checked and secured on completion of activities.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part F: Log In/Out/Close Out**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date** | **Time in** | **Time out** |
|  |  |  |  |
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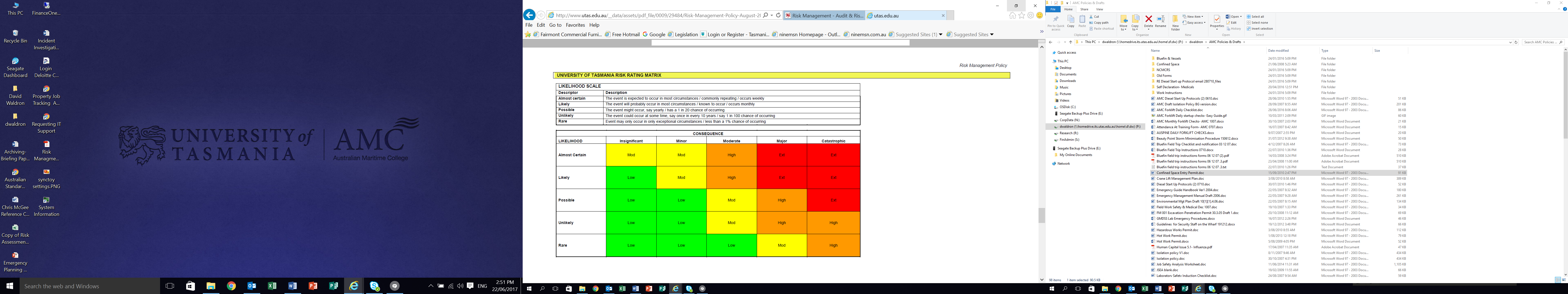
|  |  |  |
| --- | --- | --- |
| **Name:** | **Signature:** | **Date:** |
| **Time:** |

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**Part G: Notes- Issues impacting the task may be noted below**

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| --- | --- |
| **No.** | **Notes** |
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**UTAS Likelihood Scale**



**Extract from the UTAS Table of Consequences**

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| --- | --- |
| **Consequence** | **Descriptor** |
| Catastrophic | Loss of life, permanent disability or injury to multiple persons. |
| Major | Permanent disability or impairment to one or more persons. |
| Moderate | Hospitalisation required. Significant lost time and restricted or modified duties required for longer than 1 month. |
| Minor | Medical Treatment Injury. Restricted or modification of duties for less than 1 month. |
| Insignificant | Injury report and/or first aid only. |

Copies of this form are to be filed onsite or provided to the AMC Operations & Facilities Office and are to be retained for seven years.