

Ausmite Permit to Work Confined Space Entry

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PART A – Scope of works		
Location of Work:		Permit N°:
Permit Issued to: <i>(Competent Person)</i>		Supervisor of Work:

Description of Work to be undertaken:	
	Risk Assessment/JSEA N°:

PART B – Special Safety Instructions Potential Additional Hazards and Applicable Project's Safety Procedures
<i>Note: To be used in association with attached Risk Assessment/Job Safety Analysis Form.</i>

Additional Designated Hazardous Activity *(tick, if applicable) All applicable PTW must be attached*

- Excavation
 Hot Work
 Near Railway
 Hazardous Substance
 HV Access
 Permit to Work Required
 Lifting & Crane Operations
 Work at Heights

Atmosphere Test/Monitoring Requirements						
Continuous Monitoring		<input type="checkbox"/> Yes <input type="checkbox"/> No		Monitoring Frequencyper Shift		
Test	Time of Test	Oxygen (%)	Flam. Gas (LEL%)	Carbon Monoxide (PPM)	Hydrogen Sulphide (PPM)	Signed
Pre-entry						
1						
2						
3						
4						
5						

Initial Permit Sign On <i>(Persons covered by Permit)</i>						
I have been instructed in the safe way to carry out my tasks. I also understand and agree to abide by these procedures						
Name	Date	Signature	Name	Date	Signature	

PART C – Permit Authorisation	
Competent Person (or Permit Holder)	Responsible Person (Permit controller)
I have checked the activity risk/job safety environmental analysis and the controls are adequate for the task and are implemented. The people listed above are competent to perform their allotted tasks <i>(attach any additional documentation to this form)</i> Name (Print)/...../..... Signature – Person requesting Permit <i>(Permit Holder)</i> Date	I have checked the risk/job safety environmental analysis and appropriate checklists and confirm that the controls are adequate for the task. Permit valid from.....hrs...../...../..... Tohrs...../...../..... Name (Print)/...../..... Signature – Issuing Authority Date
Note: This permit does not override your employees' obligation to identify and manage hazards at the workplace.	

Original: person requesting PERMIT

Copy: to Safety Manager

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PART D – ISSUE CHECKLIST (Tick as appropriate)

Pre Permit Checklist - Must be completed prior to issue of permit (Tick as appropriate)	
<input type="checkbox"/> Risk assessment and JSEA completed and attached <input type="checkbox"/> Pre-task briefing carried out <input type="checkbox"/> Employees trained in confined space entry <input type="checkbox"/> Tools and equipment checked and secured <input type="checkbox"/> Isolations successfully completed (procedure attached) <input type="checkbox"/> Pre-entry atmosphere tests completed <input type="checkbox"/> Area signposted, barricaded and tagged <input type="checkbox"/> Emergency procedures communicated and in place <input type="checkbox"/> Adequate ventilation provided <input type="checkbox"/> Were site environmental requirements followed? <input type="checkbox"/> Electrical equipment tested and approved for use <input type="checkbox"/> Others in work area notified	<input type="checkbox"/> Nuisance noise, dust or odour problems assessed <input type="checkbox"/> Work impact on neighbouring areas assessed <input type="checkbox"/> Waste containers, collection equipment supplied <input type="checkbox"/> Environmental aspects assessed <input type="checkbox"/> Spill dispersal equipment, absorbent materials available <input type="checkbox"/> Bunding requirements assessed Checklist completed by: <div style="text-align: center;">(Signature).</div>

Specific Work Activity Checklists – Must be addressed prior to commencement of work activities (Tick as appropriate)		
Special Protective Equipment <input type="checkbox"/> Disposable overalls <input type="checkbox"/> Gloves <input type="checkbox"/> Hearing protection <input type="checkbox"/> Special eye protection <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Fall restraint <input type="checkbox"/> Fall averter <input type="checkbox"/> Rescue line <input type="checkbox"/> Hand-held radio Safe Guarding Other Personnel <input type="checkbox"/> Warning signs/barricades <input type="checkbox"/> Defined access/clearways <input type="checkbox"/> Housekeeping <input type="checkbox"/> Communication Isolation of Energy Sources <input type="checkbox"/> Energy sources identified and isolated <input type="checkbox"/> Isolation authorised	<input type="checkbox"/> Isolation tested <input type="checkbox"/> Devices tagged/locked out/secured <input type="checkbox"/> People in immediate area notified Hazardous Substances <input type="checkbox"/> Current Material Safety Data Sheet <input type="checkbox"/> All containers labelled <input type="checkbox"/> Materials stored safely <input type="checkbox"/> Incompatible materials segregated <input type="checkbox"/> Flammable liquid >20 litres stored in flammable liquid storage cabinets <input type="checkbox"/> Personnel trained in use <input type="checkbox"/> Air monitoring or health surveillance <input type="checkbox"/> Safe method of disposal Isolation of Critical Systems <input type="checkbox"/> Hot work prohibited <input type="checkbox"/> Hazardous operations stopped <input type="checkbox"/> Back-up systems checked OK <input type="checkbox"/> Automatic fire suppression system	Environmental aspects <input type="checkbox"/> Noise <input type="checkbox"/> Dust generation <input type="checkbox"/> Oil/fuel/contaminated water Emergency Planning/Procedures <input type="checkbox"/> Access to first-aid facilities personnel <input type="checkbox"/> Clear communication channels to back up personnel, i.e. Fire & Rescue, Operations Control Centre <input type="checkbox"/> Emergency numbers: Fire Police Hazardous Substances Checklist completed by: <div style="text-align: center;">(Signature).</div>

PART E – TRANSFER OF RESPONSIBILITY

To transfer the control of a confined space entry permit to another supervisor (Permit Holder)						
Name	Accept Permit (Signature)	Date	Time	Relinquish Permit (Signature)	Date	Time

PART F – PERMIT CANCELLATION – To be returned for cancellation by the Issuing Authority

Job Complete <input type="checkbox"/> Incomplete <input type="checkbox"/>	Tags/Locks removed YES <input type="checkbox"/> NO <input type="checkbox"/>	Equipment available for use YES <input type="checkbox"/> NO <input type="checkbox"/>
I confirm there are no other permits and/or isolations currently under the same work permit or work order		
Date:/...../..... Time:am/pm Name of Person Signing off Permit Signature:.....		

PART G – POST PERMIT CHECKLIST (Tick as appropriate)

<input type="checkbox"/> Housekeeping satisfactory <input type="checkbox"/> Does this task require a job safe procedure to be written? <input type="checkbox"/> Were site environmental requirements followed?	<input type="checkbox"/> Waste and spill material disposed of correctly <input type="checkbox"/> Did any unplanned incidents occur, including environmental. If yes, complete incident report form Checklist completed by:
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Confined Space Entry Permit- Entry Log

The persons listed below:

- Understand the procedures required for entry to and departure from the confined space
- Understand the work required to be completed in the confined space
- Have received training on all equipment required to safely complete their task
- Understand the protective measures necessary for work in the confined space

Have been made aware of the emergency and rescue precautions of this confined space

Standby person / Confined Space Observer

Name:	Date	Time In	Signature	Time Out	Signature

Worker / Confined Space Entrant

Name:	Date	Time In	Signature	Time Out	Signature

Please contact the Permit Issuer if more space is required.

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Atmospheric Testing Follow-on Sheet			
Entry Supervisor:		Company:	
Entry Date:		Attendant:	
Location:			

Time	Oxygen (20.9%)	% LEL (0 %)	Other:	Other:	AGT Initials
<i>Hrs</i>					
<i>Hrs</i>					
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