**Safe Work Australia Confined Spaces Code  
CONFINED SPACE ENTRY PERMIT**

## Confined space entry permit

Description of work (reason for entry): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date required from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time required from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date required until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time required until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person in direct control: Names of person (s) permitted to enter space and their company):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of work Description of work (reason for entry)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Control measures

### ISOLATION

Space needs to be isolated from:

Location

Water/gas/steam/chemicals Mechanical/electrical drives   
Auto fire extinguishing systems Hydraulic/electric/gas/power Sludge/deposits/wastes   
Locks and/or tags have been affixed to isolation points Yes  No 

### ATMOSPHERE:

The lower exposure limit (LEL) for any flammable gas, vapour or mist must be less than 5% of the (LEL). If this level is between 5% but less than 10% (not at or greater), the worker must be immediately removed from the space unless a continuous monitoring flammable gas detector is used in the space.

If the LEL is equal to or greater than 10% the worker must be removed from the space.

The atmosphere in the confined space has been tested:

Result of atmosphere tests:

Oxygen % Flammable gases % LEL

% LEL

Other gases ppm (less than ppm)

ppm (less than ppm)

Other airborne contaminants:

The conditions for entry are as marked below:

1. With supplied air breathing apparatus Yes  No 
2. Without respiratory protection Yes  No 
3. With escape unit Yes  No 

### HOT WORK

Area clear of all combustibles including atmosphere Yes  No 

Type of appropriate fire prevention equipment available:

Suitable access and exit Yes  No 

Hot work is permitted Yes  No 

### PERSONAL PROTECTIVE EQUIPMENT

The following safety equipment must be worn:

Type

|  |  |
| --- | --- |
| Respiratory protection |  |
| Harness/lifelines |  |
| Eye protection |  |
| Hand protection |  |
| Footwear |  |
| Protective clothing |  |
| Hearing protectors |  |
| Safety helmet |  |
| Communication equipment |  |
| Other |  |

### OTHER PRECAUTIONS

Warning notices/barricades Yes  No  All persons have been trained Yes  No  Is continual air monitoring required Yes  No 

### EMERGENCY RESPONSE

Note: The entry and exit to the confined space must be large enough to allow emergency access.   
Emergency plant and equipment must be in good working order.

Procedures/Equipment

### STANDBY PERSON

Standby personnel Name

Requirements, Procedures, Equipment:

AUTHORITY TO ENTER

The control measures and precautions appropriate for the safe entry and execution of the work in the confined space have been implemented and persons required to work in the confined space have been advised of and understand the requirements of this written authority.

|  |  |  |
| --- | --- | --- |
| Signed (person in direct control): |  | |
| Date: This written authority is valid until: | Time: |  |
| Date: | Time: |  |

Persons authorised to enter confined space

I have been advised of and understand the control measures and precautions to be observed with the entry and work in the confined space.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Entry | | | Exit | | |
| Name | Date | Time | Name | Date | Time |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| WITHDRAWAL OF WRITTEN AUTHORITY |  | |
| All persons and equipment accounted for | Yes  | No  |
| Equipment checked and stored correctly | Yes  | No  |

Signed *(person in direct control)*:

Date: Time:

Remarks or comments about the work:

Note: this Confined space entry permit must be kept until the works is completed, unless there is a notifiable incident in which case it must be kept for 2 years.