

# Confined space permit

AA/JSA/SOP Ref #:

Permit #

Company name

## Summary of work to be undertaken Detail only the work to which this permit applies

Do other permits apply to this activity? Refer to the job safety analysis form (JSA)

<input type="checkbox"/> Hot work	<input type="checkbox"/> Working at height	<input type="checkbox"/> Excavations ≥ 1.5 metres	<input type="checkbox"/> Hazardous Energy	<input type="checkbox"/> Safety device impairment	<input type="checkbox"/> Explosive Atmosphere Area (EEHA)	<input type="checkbox"/> Other (specify)
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## Safety information

This activity has been assessed as a confined space because:

the space is enclosed or partially enclosed <b>AND</b>	the space is not intended or designed primarily for human occupancy <b>AND</b>	the risk of one or more of the following may occur: (tick)	<input type="checkbox"/> An oxygen concentration outside safe oxygen range (19.5%-22%)
			<input type="checkbox"/> An airborne contaminant that may cause impairment, loss of consciousness or asphyxiation
			<input type="checkbox"/> A stored free-flowing solid or rising level of liquid that may cause suffocation or drowning by engulfment
			<input type="checkbox"/> An airborne contaminant that may cause injury from a fire or explosion.

## Declaration by permit receiver

• I am competent to identify and manage the risks related to this work permit (evidence of training provided).	Yes	No	• Appropriate and adequate ventilation is provided	Yes	No
• I have used the Confined Space Decision Tree to risk assess this entry	Yes	No	• A means of communication has been planned and agreed with the entry team	Yes	No
• Access and egress have been planned and reviewed	Yes	No	• All members of the entry team are confined space and gas detection trained	Yes	No
• The activity-specific emergency response plan has been developed and communicated to the entry team	Yes	No	• A Confined Space Entry Certificate will be used to record the entry	Yes	No

## Confined space - emergency response plan

In the event of an emergency, document or attach detailed description of how rescue is going to be performed, including the individual steps that will need to be taken:

Work activity existing risk score: *Refer to JSA*

Residual risk score: *Refer to JSA*

Verified risk score: Verified on site by the permit receiver

Networks/Transmission permission	Duty engineer (name)	Date	Time
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## Permit issuer validation

I certify that I have reviewed the proposed work described on the Permit to Work documents and the JSA.

The Permit to Work is allowed:

from:	DD / MM / YYYY
until:	DD / MM / YYYY

Name PI cannot be same person as PR.

Signature DD / MM / YYYY  
Date

## Permit receiver validation

I certify that I am aware of the planned work and the controls detailed on this permit and the JSA. I will ensure that work only proceeds when the conditions set out are met. I will ensure that others working under it understand and abide by the conditions.

Name PR cannot be same person as PI.

Signature DD / MM / YYYY  
Date

## Permit issuer

I confirm this permit is now cancelled.

Name PI cannot be same person as PR.

Signature DD / MM / YYYY  
Date

## Permit receiver

I confirm that work under this permit is concluded, and the worksite is left in a safe and tidy state.

Name PR cannot be same person as PI.

Signature DD / MM / YYYY  
Date