

PERMIT TO ENTER CONFINED SPACES

Project Name:

Emergency Contact Numbers:

Project Work Details:

- | | |
|--|--|
| 1.(a) Location of Work (b) Name of Contractor Address: (c) Site Supervisor's Name (d) Out of Hours Phone Contact No. (e) Permit Valid From: Date: / / Time: am/p To: Date: / / Time: am/pm (f) Description of work to be undertaken (g) Initiator of Request (Subcontracto Date Time:am/pm | (i) Fire (ii) Police (iii) Ambulance (iv) Poisons Info Line (v) Chemical Hazards Unit (vi) Telephone/Data (vii) Electrical (viii) Gas/Fuel Supplier (ix) Water (x) Sewerage (xi) Traffic Control (xii) Building Manager/Client (xiii) Proline Building Commercial Supervisor |
|--|--|

A RISK ASSESSMENT MUST BE UNDERTAKEN AND A COPY IS TO BE ATTACHED TO THIS PERMIT. THE REMAINING DETAILS OF THIS PERMIT ARE TO BE IMPLEMENTED, CHECKED AND COMPLETED BY THE SUBCONTRACTOR BEFORE WORK PROCEEDS. ONLY WORK LISTED MAY BE DONE.

2. ISOLATION OF CONFINED SPACE

The items ticked below have been isolated and made safe:

- | | |
|---|--|
| (a) Pipelines (water, steam, gas, fuel, etc) <input type="checkbox"/> Yes <input type="checkbox"/> N/A (c) Harmful materials (dusts / fumes / gases / chemicals) <input type="checkbox"/> Yes <input type="checkbox"/> N/A (e) Electrical Services isolated and danger tagged or identified <input type="checkbox"/> Yes <input type="checkbox"/> N/A (g) Isolation/danger/lock-out tags in place on any plant <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (b) Mechanical plant or equipment <input type="checkbox"/> Yes <input type="checkbox"/> N/A (d) Sludges / deposits / waste <input type="checkbox"/> Yes <input type="checkbox"/> N/A (f) Warning notices, shields, barricades in place <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
|---|--|

Competent person..... (Subcontractor)

Name..... Signature.....
 Date.....

3. ATMOSPHERIC TEST REQUIREMENTS

The atmosphere has been tested to ensure no oxygen deficiency or excess and for the following contaminants (fill in detail and result of tests):

- | | |
|---|--|
| (a) (Oxygen) <input type="checkbox"/> Yes <input type="checkbox"/> N/A (c) () <input type="checkbox"/> Yes <input type="checkbox"/> N/A | (b) () <input type="checkbox"/> Yes <input type="checkbox"/> N/A (d) () <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
|---|--|

Continuing monitoring of the atmosphere * is / is not * required

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The conditions are safe for entry under the conditions ticked below:

- (a) With a supplied-air respiratory protective device
- (b) With an air purifying (non air-supplied) respiratory protective device
- (c) Without a respiratory protective device

| Yes | N/A |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Testing time: am/pm Date: / / Competent person
(Subcontractor)

4. PERSONAL PROTECTIVE EQUIPMENT

The following personal protective equipment ticked below shall be worn:

- | | Yes | N/A | | Yes | N/A |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| (a) Supplied-air respirators | <input type="checkbox"/> | <input type="checkbox"/> | (b) Air purifying respiratory protective devices | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Safety belt, harness and/or safety line or lifeline / rescue line | <input type="checkbox"/> | <input type="checkbox"/> | (d) Eye protectors | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Hand protection | <input type="checkbox"/> | <input type="checkbox"/> | (f) Foot protection | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Protective clothing | <input type="checkbox"/> | <input type="checkbox"/> | (h) Hearing protection | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Safety helmets | <input type="checkbox"/> | <input type="checkbox"/> | (j) Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |

Competent person..... (Subcontractor)

5. USE OF CHEMICAL AGENTS (Details to be completed)

No chemical agents other than those listed below may be taken into the confined space

- | | Yes | N/A | | Yes | N/A |
|-----|--------------------------|--------------------------|-----|--------------------------|--------------------------|
| (a) | <input type="checkbox"/> | <input type="checkbox"/> | (b) | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) | <input type="checkbox"/> | <input type="checkbox"/> | (d) | <input type="checkbox"/> | <input type="checkbox"/> |

Competent person..... (Subcontractor)

6. HOT WORK

The following precautions will be observed:

- | | Yes | N/A |
|--|--------------------------|--------------------------|
| (a) Area clean and free of all combustible materials within 15 metres | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) All drains within 15 metres covered with wet fireproof blanket | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Appropriate fire extinguishers on a site near source of ignition | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) A water hose / fire reel run to job site and tested / left running | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) All sparks from work more than 2.0 metres above ground contained completely by use of a suitable enclosure which shall be inspected before commencing work | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Welding machine / gas cylinders located (not within 8.0 metres of any drain) | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Welding machine earthed correctly to equipment being welded as close to welding point as possible | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Power leads not draped across access ways and pipelines | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Electrical trace on pipes isolated | <input type="checkbox"/> | <input type="checkbox"/> |

Hot work * is / is not * permissible inside the space. Competent person

(Subcontractor)

7. STAND-BY PERSONNEL AND RESCUE ARRANGEMENTS

- | | Yes | N/A |
|--|--------------------------|--------------------------|
| (a) Standby personnel are: Names 1.....2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Emergency response procedures are attached and understood by the people involved | <input type="checkbox"/> | <input type="checkbox"/> |

Competent person..... (Subcontractor)

8. OTHER PRECAUTIONS: Precautions ticked below have been implemented

- | | Yes | N/A |
|---|--------------------------|--------------------------|
| (a) Warning notices / barricades are in position | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Smoking has been precluded in confined spaces | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Special precautions (indicate) : | <input type="checkbox"/> | <input type="checkbox"/> |

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Competent person..... (Subcontractor)

9. RECORD OF UNDERSTANDING PROCEDURES FOR CONFINED SPACE ENTRY

* I / we * understand the procedures required for entry and work in the confined space and the protective measures and equipment to be used.

Signed (Employee) Date:/...../..... Time: am/pm

Signed (Employee) Date:/...../..... Time: am/pm

Signed (Employee) Date:/...../..... Time: am/pm

Note: Subcontractors are advised to obtain a copy of Australian Standard AS2865 "Safe Working in a Confined Space" to assist them in their risk assessment, developing their procedures and completing this form.

10. SUBCONTRACTOR HOLD POINT (to be completed by Subcontractor):

Based on the information provided the confined space described above is (in my opinion) a safe condition for the work to be done, provided that the precautions above are fully observed.

Subcontractor..... (Competent Person) Date:/...../..... Time: am/pm

11. REVIEW HOLD POINT (to be completed by Proline Building Commercial):

This permit has been reviewed by Proline Building Commercial and the works may proceed based on the requirements outlined on this permit and the respective Subcontractor Safe Work Method Statements, EH&S legislation, Codes and Specifications:

Signed (Proline Building Commercial) Date:/...../..... Time: am/pm

12. SIGNING OUT

All persons have left confined space and further entry is not to be permitted unless a new entry permit is signed.

Signed (Subcontractor) Date:/...../..... Time: am/pm

13. WORK COMPLETED / SUSPENDED

All persons and equipment have been withdrawn, the work has been completed and any * plant / machinery is / is not * fit for use. The following observations of unsatisfactory aspects of the operation in the confined space are noted for attention prior to undertaking similar operations (attached separate sheet if necessary).

.....
Competent Person

.....
Proline Building Commercial

14. ACCEPTANCE OF COMPLETED JOB:

I accept the work as defined in Section 2 of this permit has been completed.

.....
Competent Person

.....
Proline Building Commercial