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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | WHS FORM | **WHS36** |
| **CONFINED SPACE ENTRY PERMIT**  This form supports the WHS Procedure: Confined Spaces/Restricted Spaces | Page 1 of 2 |

**This permit must be signed by the authorised Competent Person in direct control of work before any work proceeds. Only the listed work may be carried out.**

|  |  |  |
| --- | --- | --- |
| **Campus:** | **Building:** | **Level:** |
| **Room Number:** | **Date:** |  |

GENERAL

|  |
| --- |
| Location of task: |
| Description of task: |
|  |
| ***Work cannot proceed until a completed JSA and /or a risk assessment is available*** |

RISK CONTROL MEASURES (All sections must be completed)

|  |  |  |  |
| --- | --- | --- | --- |
| Isolation | | Personal Protective Equipment | |
| Space needs to be isolated from:  Describe Location/Method | | The following safety equipment shall be worn:  Type | |
| Water/gas/steam/chemicals |  | Respiratory protection |  |
| Mechanical/electrical drives |  | Harness/lifelines |  |
| Auto fire extinguishing systems |  | Eye protection |  |
| Hydraulic/electric/gas/power |  | Hand protection |  |
| Sludge/deposits/wastes |  | Footwear |  |
| Radiation Services |  | Protective clothing |  |
| Locks and/or tags have been affixed to isolation points | Yes / No | Hearing protection |  |
| Safety helmet |  |
| Atmosphere | | Personal atmospheric monitoring equipment |  |
| The atmosphere in the confined space has been tested: | | Other |  |
|  |  |
| **Results of test:** |  |  | |
| Oxygen | % |  | |
| Flammable gases | % LEL |  | |
|  | % LEL |  | |
| Other gases: |  | Other Precautions Required | |
| ppm | (less than .….ppm) | Warning notices/barricades | Yes / No |
| ppm | (less than .….ppm) | Smoking forbidden | Yes / No |
|  |  | All persons have been trained | Yes / No |
| Other atmospheric contaminants: |  | Intrinsically safe equipment  Communication equipment | Yes / No Yes / No |
| The conditions for entry are as marked below: | | **Ventilation Requirements** | |
| 1. With supplied air breathing apparatus Yes / No  2. Without respiratory protection Yes / No  3. With escape unit Yes / No | |  | |
| **Emergency Rescue**  Procedures in place and communicated to staff Yes / No | |
| Area clear of all combustibles including combustible atmosphere Yes / No | | **Other** | |
|  | |
| Fire Prevention/Fighting  Type of appropriate fire prevention equipment | | Stand-by Personnel | |
| Required:………………………………………… | | Number of Stand-by personnel required: | |
| Suitable access and exit | Yes / No | Names: | |
| Hot work is permitted | Yes / No |  | |
| Complete Hot Work Permit WHS38 if required and attach. | Yes / No |  | |

AUTHORITY TO ENTER

|  |
| --- |
| The risk control measures and precautions appropriate for the safe entry and execution of the tasks in the  confined space has been implemented and the persons required to work in the confined/restricted space have been advised of and understand the requirements of this written authority.  Signed:………………………………………………..  (Authorised Competent Person in direct control) Date:………………… Time:……………...    Name: This written authority is valid until: Date: ………………… Time: ……………. |

PERSONS REQUIRED TO ENTER CONFINED SPACE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| We have been advised of and understand the risk control measures and precautions to be observed for entry, exit and work in the confined space. | | | | | |
| ENTRY | | | EXIT | | |
| **Name/Signature** | **Date** | **Time** | **Name/Signature** | **Date** | **Time** |
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CANCELLATION OF PERMIT

All persons and equipment, plant and materials accounted for Yes / No

Equipment checked and restored correctly Yes / No

Work has been completed Yes / No

Access to the space has been secured Yes / No

Signed:

Name:

(Authorised Competent Person in direct control)

Date:……………… Time:………………

|  |
| --- |
| Remarks or comments: |
|  |
|  |
|  |

**Completed form must be maintained on file**