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|  | | **CONFINED SPACE ENTRY PERMIT** | | | | | |
| **Date:** |  | | | **Job Location:** | |  | |
| **Work/Task/Project Description:** |  | | | | | | |
|  | | | | | | | |
| **Company:** |  | | | | | | |
| **Permit Receiver (Name):** |  | | | | **Signed:** | |  |
| **Receiver Phone No. (Mobile):** |  | | | |  | |  |
| **Permit Issuer (Name):** | | |  | | **Signed:** | |  |

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| **Rescue Plans** |
| **Rescue Situation** |
| *Sign Here* |
| **Methods of Rescue** |
|  |
| **Rescue Equipment and Rescue Team** |
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| **SAFETY CHECKLIST** | | | |
| Has the PMNZ manager/supervisor for operational area been consulted and notified in writing | Y / N | Stand-By person appointed, and duties understood? | Y / N |
| Rescue Plan prepared and understood by all personnel? | Y / N | Has the mode of communication been established? | Y / N |
| First Aid resources available and on standby? | Y / N | Stand-By person equipped with a working cell phone? | Y / N |
| Personnel trained in Confined Space Entry? | Y / N | Are all tools and equipment fit for purpose? | Y / N |
| Warning notices/barricades in position? | Y / N | Is lighting adequate within Confined Space? | Y / N |
| All PPE required available for job? e.g. harness etc. | Y / N | Does the personnel entering the confined space have a gas detector | Y / N |
| Any conflicts of work? e.g. fumes from other job etc. | Y / N | Is self-contained breathing apparatus or supplied air  respirator required? | Y / N |
| Has the atmosphere been tested for toxic & combustible  contaminants? | Y / N | Has “hazardous work” form been completed? | Y / N |
| Has the area been ventilated and cleaned to remove  harmful solids and sludges? | Y / N |  |  |

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| **ISOLATIONS REQUIRED** *(drawing may be required, establish all isolation points, methods of draining, de-pressuring and venting)* | | | |
| **TYPE:** | | **DATE:** | **DATE:** |
| **STEP/ACTION** | **Installed By** | **Checked By** | **Removed By** |
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| **ATMOSPHERE TEST READINGS** *(use separate page if necessary)* | | | | | | |
| **TIME** | **DATE** | **LOCATION OF PROBE/MONITOR**  **(Within Confined Space)** | **% OXYGEN** | **%LEL** | **PPM TOXIC** | **TESTERS NAME** |
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| **ENTRY / EXIT LOG** *(use separate page if necessary)* | | | | | |
| **NAME** | **TIME IN** | **TIME OUT** | **NAME** | **TIME IN** | **TIME OUT** |
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| *WORKERS ON SITE PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PERMIT CONTENT* | | | |
| Name | Signature | Name | Signature |
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|  | SITE VISITS FOR VERIFICATION |  |
| Site visit details (date/ time) | Notes | Signature |
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