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

|  |
| --- |
| **Rescue Plans** |
| **Rescue Situation** |
| *Sign Here* |
| **Methods of Rescue** |
|  |
| **Rescue Equipment and Rescue Team** |
|  |

|  |
| --- |
| **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 airrespirator required? | Y / N |
| Has the atmosphere been tested for toxic & combustiblecontaminants? | Y / N | Has “hazardous work” form been completed? | Y / N |
| Has the area been ventilated and cleaned to removeharmful solids and sludges? | Y / N |  |  |

|  |
| --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **ATMOSPHERE TEST READINGS** *(use separate page if necessary)* |
| **TIME** | **DATE** | **LOCATION OF PROBE/MONITOR****(Within Confined Space)** | **% OXYGEN** | **%LEL** | **PPM TOXIC** | **TESTERS NAME** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **ENTRY / EXIT LOG** *(use separate page if necessary)* |
| **NAME** | **TIME IN** | **TIME OUT** | **NAME** | **TIME IN** | **TIME OUT** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| *WORKERS ON SITE PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PERMIT CONTENT* |
| Name | Signature | Name | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | SITE VISITS FOR VERIFICATION |  |
| Site visit details (date/ time) | Notes | Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |