



CONFINED SPACES PERMIT

General

Contractor Company Name: _____

Contractor Representative's Name: _____

Permit Issuer's Name: _____

Worksite/Store: _____

Location of Task: _____

Description of Task: _____

Risk Control Measures

Isolation

Space needs to be isolated from:

Location/Method/Type

Water/gas/steam/chemicals.....

Mechanical/electrical drives.....

Auto fire extinguishing systems.....

Hydraulic/electric/gas/power.....

Sludge/deposits/wastes.....

Locks and/or tags have been affixed to isolation points Yes/No

Atmosphere

The atmosphere in the confined space has been tested:

Results of test:

Oxygen%

Flammable airborne contaminants%LEL

Other gasses:

.....ppm (less than..... ppm)

.....ppm (less than..... ppm)

Other airborne contaminants:

.....

.....

The conditions for entry are as marked below:

1. With supplied-air respirator Yes/No

2. Without respiratory protection Yes/No

3. With escape apparatus Yes/No

Hot Work

Area clear of all combustibles including flammable airborne contaminants
Yes/No

Type of fire prevention equipment required:

.....

Hot Work Permit provided Yes/No

Personal Protective Equipment

The following safety equipment is required: Type

Respiratory protective device:.....

Harness/lifelines:.....

Eye protection:.....

Hand protection:.....

Footwear:.....

Protective clothing:.....

Personal atmospheric monitoring equipment

Other:.....

.....

Other Precautions

Warning notices/barricades Yes/No

Smoking forbidden Yes/No

All persons have been trained Yes/No

Intrinsically safe equipment Yes/No

Select appropriate communication equipment Yes/No

Other requirements:

.....

Emergency response

Emergency response procedures in place Yes/No

Emergency equipment available Yes/No

.....

.....

Stand-by Person(s)

Number of stand-by persons required:

Names:

.....

.....

.....

Authority to Enter

The risk control measures and precautions are appropriate for the safe entry and execution of the tasks. The risk controls have been implemented, a SWMS or equivalent has been developed and is understood by those involved in completing the task.

Signed (contractor representative):.....Date:...../...../.....Time:.....

I have reviewed the contractor's risk management documentation provided in support of the permit to work activities and the documentation appears adequate for the work to proceed in accordance with the permit requirements.

Signed (David Jones Permit Issuer)..... Date:/...../..... Time:

This permit is valid until: Date:/...../..... Time:

Persons Required to Enter the Confined Space

I have been advised of and understand the risk control measures and precautions to be observed during entry and completion of tasks in the confined space. I have read and understand the SWMS, including risk controls, relating to the confined space entry.

ENTRY			EXIT		
Name	Date	Time	Name	Date	Time

Cancellation of Written Authority

All persons and equipment accounted for: Yes/No

Confined space and area checked and restored correctly: Yes/No

Signed (contractor representative):.....Date:...../...../.....Time:.....

Signed (David Jones Permit Issuer)..... Date:/...../..... Time:

Remarks or Comments:.....
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