CONFINED SPACE
ENTRY PERMIT
HEALTH, SAFETY AND WELLBEING

Entry Permit Number: [Blank]  
Date: [Blank]

Prior to entry into the confined space, this permit must be signed by a USC Authorised Competent Person who is either in direct control of the work or has detailed knowledge of the work to be carried out (refer to page 3).

Workplace: [Blank]  
Address: [Blank]

1.0 GENERAL

Location (exact) of task:

Confined Space Reference Number:

Detailed description of task:

Note: Work cannot proceed until a risk assessment has been completed and approved by the USC Contact Person and HR (HSW).

2.0 RISK CONTROL MEASURES (all sections must be complete)

Hot work will be conducted in the confined space: ☑ Yes ☐ No ➔ If yes, a hot work permit must be also be completed

Hot Work Permit Number:

<table>
<thead>
<tr>
<th>Isolation required</th>
<th>YES</th>
<th>NO</th>
<th>Location and method of isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Water, gas or steam</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Chemicals</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Smoke/heat detectors</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Auto fire extinguishing (ie sprinkler system)</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Waste, sludge or deposits</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Mechanical devices</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Isolation of area to prevent unauthorised entry</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Have locks or tags been affixed to isolation points</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

3.0 ATMOSPHERIC TESTING: Initial – immediately prior to entry

O2%:

LEL%:

CO:

CO2:

H2S:

CH4:

Other:

As per risk assessment, if further or continual gas testing is required during work attach Gas Monitoring Record.
4.0 ATMOSPHERIC CONTROLS

Control type required | YES | NO | Method
---|---|---|---
Passive ventilation (prior to entry) | | | |
Purging (prior to entry) | | | |
Continuous ventilation | | | |
Atmospheric testing during work | | | |
Respiratory filters | | | |
Breathing apparatus | | | |
Personal atmospheric monitoring | | | |
Area atmospheric monitoring | | | |

5.0 PERSONAL PROTECTIVE (and other) EQUIPMENT

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
<th>List other equipment required</th>
</tr>
</thead>
</table>
Boots | | | | |
Gloves | | | | |
Safety glasses | | | | |
Protective clothing | | | | |
Hard hat/helmet | | | | |
Safety harness | | | | |
Communication equipment | | | | |
Lifeline | | | | |
Fall arrest | | | | |
Gas detector | | | | |
Hearing protection | | | | |
Lighting | | | | |
Fire fighting equipment | | | | |
First aid kit | | | | |

6.0 COMMUNICATION

Please describe means of communication during work:

7.0 EMERGENCY PLAN

Is there an emergency plan in place?  □ Yes  □ No

This plan must be in accordance with the hazards identified in the risk assessment and on the entry permit.
8.0 STAND-BY PERSONNEL

<table>
<thead>
<tr>
<th>Name</th>
<th>Date and time commenced</th>
<th>Date and time finished</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9.0 ENTRY AUTHORISATION (Completed by USC Authorised Competent Person)

A USC Authorised Competent Person is either in direct control of the work or has detailed knowledge of the work to be carried out.

USC personnel who qualify as an ‘Authorised Competent Person’ and are able to authorise this permit are:

- Maintenance Services representative: 5456 3778
- HR (HSW) representative: 5456 5125

Note: Work cannot commence unless this permit is authorised.

The procedures, control measures and precautions appropriate for the safe entry and/or execution of work in the confined space described above have been implemented and persons required to work in this confined space are: trained and licenced to work in confined spaces; familiar with the risk assessment and have read and understand the requirements of this written authority.

Approved by (Authorised Competent Person):

<table>
<thead>
<tr>
<th>Name (please print):</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Position: Date: Time:

10.0 CHECK LIST

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- All personnel trained
- Risk assessment completed and approved
- Permit authorised
- Controls implemented (as above)
- Emergency plan in place
- All equipment safe: tagged and tested as required and visually inspected
- Copy of all documentation to Safety Officer
- Area safe from unauthorised entry
- Stand-by person allocated
- Other
11.0 PERSONNEL ENTRY

I, the undersigned hereby acknowledge that I have read and understand the risk assessment and the procedures, precautions and control measures detailed in this permit pertaining to the safe entry, exit and work in the confined space. I will comply with these requirements at all times and report any new/unforeseen hazards that present a risk to health and/or safety.

<table>
<thead>
<tr>
<th>TIME IN</th>
<th>TIME OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Print)</td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12.0 CLOSURE/WITHDRAWAL OF ENTRY PERMIT (Completed by USC Authorised Competent Person)

A USC Authorised Competent Person is either in direct control of the work or has detailed knowledge of the work to be carried out.

All persons and equipment are accounted for? □ Yes □ No

Equipment checked and restored correctly? □ Yes □ No

Approved by (Authorised Competent Person):

Name (please print): ___________________________ Signature: ___________________________

Position: ___________________________ Date: ___________________________ Time: ___________________________

Comments: ___________________________