|  |  |
| --- | --- |
| **Confined Space Permit**  **This permit must be completed by hand** | **Permit number: CS** |
| **Authorised by:**  **Print name:** |
| **Issue date:**  **Last reviewed:**  **Next review date:** | **Number of pages:** |

**THIS PERMIT MUST BE DISPLAYED ON SITE**

|  |
| --- |
| Permit number: ………………………………………. Moderate Risk  High Risk  Site Occupier: .……………………………………………………………………………………..……………….  Location of Confined Space: ……………………………………………………………………………………….  Purpose of the work: ………………………………………………………………………………………………..  Names of persons involved in task: ……………………………………………………………………………….  This permit is valid from: …………………………… On: ……………………………………………………….  This permit valid until: ………………………………. On: ….……………………………………………………  Known hazards: …………………………………………………………………………………………….……….  A Risk Assessment and Method Statement have been provided and are attached to this work permit **YES/NO** |
| Note: The following section of this permit must be completed and signed by the authorised person(s) before work is to proceed and only work listed above may be completed. |
| Safety Checklist |
| Client written permission to proceed Yes  N/A  Inflows stopped, eqpt isolated and locked off Yes  N/A  Special precautions or equipment Yes  N/A  Cleaning/Purging/lnerting complete Yes  N/A  Warning Signs/barriers in place Yes  N/A  Forced air ventilation in place Yes  N/A  Warning systems for rainfall/tides Yes  N/A  Lighting installed Yes  N/A  Rescue services informed Yes  N/A  Related Permit to Work required Yes  N/A  Competency of work team checked Yes  N/A  Related Permit to Work Yes  N/A  Serial Numbers  Other (please specify): ……………………………………………………………………………………………… |
| Special Instructions and/or Safety Measures |
| I declare that it is safe to work in the above confined space which has been isolated in accordance with the attached Safety Method  Statement. I have explained the Safety Method Statement, demonstrated the extent of the work and the safety arrangements at the points of isolation and other places affecting the work to the Person in Charge. I am satisfied that all persons listed in Part 1 are properly equipped and trained and all safety equipment is present and working.  Signed: ………………………………………………………. (Authorised Person)  Name: ……………………………………………………….. Time and Date: ……………………………………………………………………….  In the employ of: …………………………………………… Telephone contact number: …………………………………………………………  Issued to and only to be used by: (Person in Charge) ………………………………………………………………………………………………. |
| To be completed by the Person in Charge |
| I declare that all the persons listed in this permit are familiar with the safety and emergency arrangements and are properly equipped. I am satisfied that the confined space has been isolated and is safe to work in. I accept responsibility for carrying out/supervising the work listed in Part 1 of this permit in accordance with the Safety Method Statement and Confined Spaces Safe Rules & Procedures.  Initial atmosphere test: Toxic gas: ………………………….... Oxygen sufficiency/deficiency: ……………………………………………….    Flammable gas: ………………………. Other (specify): ………………………………………………………………………  Signed ……………………………………………………………….. (Person in Charge)  Name (print): ………………………………………………………… Time and Date: ………………………………………………………………………  In the employ of: ……………………………………………………. Telephone contact number: ……………………………………………………….. |
| Work Stopped - To be completed by the Person in Charge |
| I declare that the work described in this permit has been satisfactorily completed\*/stopped\*. That all persons, equipment, tools and instruments under my control have been withdrawn and the site has been made safe. I have recorded overleaf any changes that have occurred in the confined space, reasons for stopping the work (if applicable) and the action taken.  Signed ……………………………………………………………….. (Person in Charge)  Name (print): ………………………………………………………… Time and Date: ……………………………………………………………………… |

|  |
| --- |
| To be completed by the Approved Person (Issuer of the Permit) |
| I hereby declare that the work described in this permit has been satisfactorily completed\*/stopped\*, and that this permit is  cancelled. I have noted any changes reported below and will take any necessary follow up action.  Signed ……………………………………………………………….. (Authorised Person - Issuer of the Permit))  Name (print): ………………………………………………………… Time and Date: ……………………………………………………………………… |

|  |
| --- |
| Reasons for Stopping Work (if applicable) and the action taken: |
|  |