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| SYMMETRICAL LOGO_logo | **Standard Operating ProcedureFORM** | **Form No.:**F-S-09 |
| **Confined Space Entry Permit** | Issue: 1.0 | Rev: A  | Date: |
|  |  | **Permit No.:** |
| Are all personnel trained and competent to enter and work in this confined space? Yes NoHas a current risk assessment for the work in the confined space been undertaken? Yes No Have alternative methods avoiding confined space entry been considered? Yes No **The above answers must be YES in order to proceed with this Confined Space Entry Permit.** |

***“NO JOB IS SO URGENT OR IMPORTANT THAT WE CANNOT TAKE THE TIME TO DO IT SAFELY”***

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| **Job Number:** | **Job Location:** |  |  | **Date:** |  |  |
| **Purpose of Work:** |  |  |  |  |  |  |

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| **SECTION 1: ISOLATION** |  |  |  |  |  |  |
| **Does the space need to be isolated from:** Water/Gas/Steam/Chemicals Mechanical/Electrical DrivesAuto/Fire Ext. Systems Hydraulic/Electric/Gas Power Tags Fixed to Isolation Point**COMPETENT PERSON:** |   | YES YES YES YES YES |  | NO NO NO NO NO |  | DONEDONE DONE DONE DONE DONE |

**SECTION 2: ATMOSPHERE – All confined spaces must be continuously gas tested.**

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| The atmosphere in the confined space has been tested and the results are as follows: |
| *GAS TYPE* | *Oxygen %* | *LEL %* | *H2S (PPM)* | *Co (PPM)* | *CO2(PPM)* | *Others* |  |
| Safe Level | 19.5 – 23.5 | <5 | <10 | <30 | <5000 |  |  |
| Reading |  |  |  |  |  |  |  |
| Safe for Entry |  |  |  |  |  |  |  |
| **COMPETENT PERSON:** |
| **SECTION 3: PERSONAL PROTECTIVE EQUIPMENT** |
| **The following personal protective equipment shall be worn:** |
| 1. | S.C.B.A | 6. | Safety Glasses | 11. | Overalls | 16. | Lifeline |
| 2. | Air purifying mask | 7. | Goggles | 12. | Hard Hat | 17. | Chemical Suit |
| 3. | Air hood | 8. | Lifting Gear | 13. | Ear Plugs/muffs | 18. | Int/Safe Touch |
| 4. | Escape Set | 9. | Communications | 14. | Motion Detector |  |  |
| 5. | Safety Harness | 10. | Gloves | 15. | Safety Boots |  |  |
| **COMPETENT PERSON:** |
| **SECTION 4: OTHER PRECAUTIONS**  |
| 1. | Warning notices in place |  | YES |  | NO |  | DONE |
| 2. | Barricades in place |  | YES |  | NO |  | DONE |
| 3. | Mechanical ventilation required |  | YES |  | NO |  | DONE |
| 4. | Smoking forbidden in area |  | YES |  | NO |  | DONE |
| 5. | All personnel are briefed |  | YES |  | NO |  | DONE |
| 6. | Rescue procedures understood |  | YES |  | NO |  | DONE |
| **SECTION 5: HOT WORK** |
| 1. | Is site clear of combustibles? |  | YES |  | NO |  | DONE |
| 2. | Are app. Fire extinguishers on site? |  | YES |  | NO |  | DONE |
| 3. | Are they at the confined space? |  | YES |  | NO |  | DONE |
| 4. | Atmosphere free from explosive gasses? |  | YES |  | NO |  | DONE |
| 5. | Safe access and exit? |  | YES |  | NO |  | DONE |
| 6. | HOT WORK IS ALLOWED |  | YES |  | NO |  | DONE |
| **COMPETENT PERSON:** |

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| SYMMETRICAL LOGO_logo | **Standard Operating ProcedureFORM** | **Form No.:**SOP 431 – F1 |
| **SECTION 6: STANDBY & RESCUE** |
| **Standby person responsibilities** |
| I have reviewed the rescue plan for this Confined Space Entry | YES |  | NO |  |
| I have an effective/tested means of communicating with Emergency Services | YES |  | NO |  |
| **Emergency phone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency radio channel is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| I have the required rescue equipment at the job site (as identified in rescue plan) | YES |  | N/A |  |
| **Nominated standby person (May alternate with another trained person from within the Confined Space)**I understand and accept the responsibilities of the Standby person/s as defined in the Confined Space Entry Procedures |
| **Name (Block letters)** | **Signature start** | **Time** | **Signature finish** | **Time** |
|  |  | **hrs** |  | **hrs** |
|  |  | **hrs**  |  | **hrs** |
|  |  | **hrs** |  | **hrs** |
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|  |  | **hrs** |  | **hrs** |
| All personnel must sign on the current risk assessment before commencing work and sign on and off this permit when entering and exiting the confined space.I understand and will conform to the conditions of entry indicated on this permit and will adhere to all precautions on the attached risk assessment. |
| **Name (Block letters)** | **Signature start** | **Time** | **Signature finish** | **Time** |
|  |  | **hrs** |  | **hrs** |
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|  |  | **hrs** |  | **hrs** |
| **AUTHORISATION TO ENTER** |
| **The confined space is safe for entry to do the work described above provided all precautions are fully observed.** |
| **All persons on the job have been briefed?** |  | YES |  | NO |
| **COMPETENT PERSON:** |
| **Signature:** | **Date:** | **Time:** |
| **FORM VALID UNTIL:** | **Date:** | **Time:** |
| **PERMIT CANCELLATION** |
| All personnel have exited the space and signed off the permit | YES |  | Equipment checked and restored correctly | YES |  |
| Have you advised the area owner work has been completed | YES |  | The location/equipment has been left in a safe condition | YES |  |
| **Full Name: (Please Print)** |  |
| **Signature:** | **Date:** |  |