|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SYMMETRICAL LOGO_logo | **Standard Operating Procedure FORM** | | | **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 No  Has 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”***

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

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:** | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SYMMETRICAL LOGO_logo | **Standard Operating Procedure FORM** | | | | | | | | | | | **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** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **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** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **hrs** | |  | | | | | | | | **hrs** | | | | |
|  | |  | | | **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:** | | | | |  | | | | | | | | | |