

Permit to Work - Confined Spaces

Permit Number:

Permit Issued by:

Permit start:

Applicable to all operations involving working in confined spaces

1. DETAILS OF WORK

Period of work:

Exact location:

Works to be carried out:

Other information:

General conditions / Precautions

Are you trained to do this work?

The confined space has been isolated from

The confined space has been purged with safe

The confined space is electrically isolated and

The confined space is mechanically isolated and

Is the entrance big enough to allow access and egress?

Supply of respirable air assured/ventilation provided

Means of access to and escape from the confined space

Is breathing apparatus at hand and in good working order?

Is the safety line/tripod/harness and any other fall protection equipment at hand?

Are there adequate emergency arrangements in place?

Is there a trained standby person at point of entry?

If any of the answers above are "No" work shall not proceed until the necessary controls have been provided and/or agreed.

ATMOSPHERE TEST REQUIRED?

TIME OF TEST:

Oxygen % Pass/Fail

Carbon Monoxide % Pass/Fail

Carbon Dioxide % Pass/Fail

Flammability % Pass/Fail

Other (specify) % Pass/Fail

Other precautions required:

Other safety equipment required:

Type of power tools and lighting permitted:

2. AUTHORISATION

I have personally checked the precautions set out in the permit and I am satisfied that it is safe to carry out this work.

Permission is granted to <<Name of Contractor>> to use <<Describe the Equipment required for the work>> in <location>

Name of Company Representative:	
Signature:	
Date:	

3. ACKNOWLEDGEMENT BY PERSONS PERFORMING WORK

I understand the hazards of this work and the measures to be taken to avoid them. These have also been fully explained to the operatives carrying out this work and I consider that they will be carried out safely. I will return my copy of this permit to the Company Representative when the work has been completed.

Name of Contractor's Supervisor:	
Signature:	
Date:	

4. INSPECTION AND CLOSE OF PERMIT

Work area and all adjacent areas inspected and found to be safe for work. All tags removed.

Contractors' Supervisor:	
Signature:	
Date	
Time	

Company Representative:	
Signature:	
Date	
Time	