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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Entry into a confined space will only be granted where there is no other suitable safe method of work, and then only after the requirements below have been met.* | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of area to be entered | | | | |  | | | | | | | | | | | | | | | | | | | |
| Description of Work | | | | |  | | | | | | | | | | | | | | | | | | | |
| Does this permit relate to another Permit | | | | |  | | | | | | | | | | | | | | |  | | | | |
| Person in charge of entry team | | | | | Team members covered by this permit | | | | | | | | | | Safety Person outside confined space | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | | | | | | | |
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| Permit **EXPIRES:**  (not>8hrs from time of issue) | | | | | Date | |  | | | | | | | | Time | |  | | | | | | | |
|  | | | | | |  | | | | |  | | | | | | | |  | | | | | |
| **Safety Checklist** - to be completed by the Authorised Person, *any unsatisfactory* ***X*** *responses must be remedied before entry can be granted* | | | | | | | | | | | | | | | | | | | | | **🗸** | | | **X** |
| Appropriate hazard information on site hazards has been issued to the Work Team. | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Safe method of working established and communicated *(Attach to permit)* | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Trained and competent operatives | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Work equipment checked for correct operation and calibration dates etc. | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Communication devices checked for correct operation | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Emergency arrangements established and suitable *(Attach to permit)* | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Have any pre-work requirements identified been completed *(specialist cleaning, isolation etc.)* | | | | | | | | | | | | | | | | | | | | |  | | | |
| *Record readings below and provide information on other hazards as identified in risk assessment* | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas Meter readings (Peak) | | | O₂ (%) | | | | | | Flammable | | | | | H₂S | | | | | | | | CO | | |
| Serial no. of gas monitor | | | *Min 19%* | | | | *Max 23%* | | *(% LEL)* | | | | | *(Max 5ppm)* | | | | | | | | *(Max 30ppm)* | | |
|  | | |  | | | |  | |  | | | | |  | | | | | | | |  | | |
| *Other hazards* | Low light | | | Heat | | | | Head injuries | | | | | Noise | | | | Slip/trip/fall | | | | | | Other *(specify)* | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Acceptance of Permit** *Person in Charge* | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Details - Name | |  | | | | | | | | | | | *(mobile)* | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Permit Issued By (Authorised Person) -*Name* | | | | | | | |  | | | | | | | | | | Date | | |  | | | |
|  | | | | | | | | | |  |  | | | | | | | | | |  | | | |
| **Permit Cancelled** by (Authorised Person) *Name* | | | |  | | | | | | Date | |  | | | | | | Time | | |  | | | |