|  |
| --- |
| *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 |
|  |  |  |
|  |  |  |
|  |  |  |
| 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 |  |