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| --- |
| **To be completed by competent persons** |

| **1. Workplace:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Permit Issue Date: | | | | | | | | | | | | | | | | | | | Permit No. | | | | | | | | | | | |
| Permit valid from (Reviewed each shift) | | Date:  Time:        **to** Date: Time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Confined Space Covered by this Permit** (Type & I.D): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of location of Confined Space: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Service Provider Company Name (SP)**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SP Supervisor Name: | | | | | | | | | | | | | | | | | | | | Mobile Phone: | | | | | | | | | | |
| SP Assessor/Competent Person Name: | | | | | | | | | | | | | | | | | | | | Mobile Phone: | | | | | | | | | | |
| **4. Description of work to be undertaken**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** **Isolation and Preparation of Confined Space for Entry** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * A Risk Assessment /Job Safety Environment Analysis (JSEA) or equivalent must be developed, read, agreed, signed by team members and a copy attached to this permit; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * All details of this permit are to be completed, implemented, checked and signed where indicated (**🡺)** by the Service Provider Competent Person (identified in section 3) before work commences; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Check ‘Confined Spaces Register for Special Precautions (section 8) & Confined Space Identification (section 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Only the work listed in section 4 may be carried out. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The following isolations & preparations have been made:** | | | | | | | | | | | | | | | **Note – all questions must be answered** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | **YES or N/A (Not Applicable)** | | | | | | | | | | **Y** | | **N/A** | | | |
| a) Pipelines identified, and isolated (e.g. water, steam, gas) using [Isolation Lockout Tagout MMR](https://mirvacau.sharepoint.com/:w:/r/sites/HealthSafetyandEnvironment/_layouts/15/Doc.aspx?sourcedoc=%7B77443021-817D-4F52-8D8B-B4CB8496CA76%7D&file=Isolation%20Lockout%20Tagout%20MMR.DOCX&action=default&mobileredirect=true) | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| b) Mechanical/Electrical Drives - isolated using [Isolation Lockout Tagout MMR](https://mirvacau.sharepoint.com/:w:/r/sites/HealthSafetyandEnvironment/_layouts/15/Doc.aspx?sourcedoc=%7B77443021-817D-4F52-8D8B-B4CB8496CA76%7D&file=Isolation%20Lockout%20Tagout%20MMR.DOCX&action=default&mobileredirect=true) | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| c) Sludges/deposits/waste identified as non-toxic - removed/flushed without putting personnel at risk | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| d) Harmful materials (e.g. dusts, fumes, gases, chemicals) - removed/flushed without putting personnel at risk | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| e) Electrical services relevant to the confined space - isolated using [Isolation Lockout Tagout MMR](https://mirvacau.sharepoint.com/:w:/r/sites/HealthSafetyandEnvironment/_layouts/15/Doc.aspx?sourcedoc=%7B77443021-817D-4F52-8D8B-B4CB8496CA76%7D&file=Isolation%20Lockout%20Tagout%20MMR.DOCX&action=default&mobileredirect=true) | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| f) External activities/tasks/operations which may have an effect on the confined space are controlled | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| g) All personnel have undertaken Confined Space training & current certificates have been sighted and copied | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| h) Entry points are controlled/fenced/barricaded and signage in place (e.g. Confined Space, No Smoking) | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| i) Adequate natural ventilation checked or forced ventilation in place and effective | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| j) No Smoking permitted within the Confined Space, signs in place, and control measure included in JSEA | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| k) | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| l) | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
| **🡺 Service Provider Competent Person – Signature:** | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | |
| **6. ATMOSPHERIC TESTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment make: | | | | | | | | | | | | | | Model No. | | | | Serial No. | | | | | | | | | | | | |
| Date of test: | | | | | Time of test | | | | | | | | | Date of last calibration : | | | | | | | | | | | | | | | | |
| GAS TESTED |  | | Acceptable Limits | | | | | | | RESULT | | | GAS TESTED | | | | | | |  | | | | Acceptable Limits | | | | | RESULT | |
| Oxygen | **O2** | | 19.5% - 23.5% | | | | | | |  | | | Lower Explosive Limit gases | | | | | | | **LEL** | | | | <5% | | | | |  | |
| Carbon Monoxide | **CO** | | TWA - 30ppm | | | | | | |  | | |  | | | | | | |  | | | |  | | | | |  | |
| Hydrogen Sulphide | **H2S** | | TWA – 10ppm | | | | | | |  | | |  | | | | | | |  | | | |  | | | | |  | |
| **CONTINUED MONITORING** of the Confined Space atmosphere **is**  / **is not**  required (tick) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HOT WORK** within the Confined Space **is**  / **is not**  permitted (tick) – refer Hot Work Permit Procedure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **🡺 Service Provider Competent Person – Signature:** | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | | |
| **7. USE OF HAZARDOUS SUBSTANCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Hazardous Substances (e.g. chemicals, aerosols, paints, solvents) must have a **MSDS (or SDS)** at the workplace. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No Hazardous Substances other than those listed below may be taken into the confined space:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) | | | | b) | | | | | | | | | | | | | c) | | | | | | | | | | | | |
| d) | | | | e) | | | | | | | | | | | | | f) | | | | | | | | | | | | |
| **🡺 Service Provider Competent Person – Signature:** | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | |
| **8. SPECIAL PRECAUTIONS** (include items listed in the Confined Spaces Register) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) | | | | b) | | | | | | | | | | | | | c) | | | | | | | | | | | | |
| d) | | | | e) | | | | | | | | | | | | | f) | | | | | | | | | | | | |
| **🡺 Service Provider Competent Person – Signature:** | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | |
| **9. PERSONAL PROTECTIVE EQUIPMENT/RESCUE EQUIPMENT – IDENTIFY ITEMS TO BE IN PLACE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-Contained Breathing Apparatus SCBA | | | | | | | | | | | Chemical Oxygen Technology Self-Rescue unit | | | | | | | | | | | | | | | | | | |
| Air Purifying Filter respiratory protective device | | | | | | | | | | | Particle Respiratory Protective device | | | | | | | | | | | | | | | | | | |
| Personal Motion Monitor | | | | Fall Arrest harness | | | | | | | | | | | | | Lifeline/ Rescue line | | | | | | | | | | | | |
| Safety Helmet | | | | Safety Eyewear | | | | | | | | | | | | | Safety Footwear | | | | | | | | | | | | |
| Hand Protection | | | | Hearing Protection | | | | | | | | | | | | | Protective Clothing | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **🡺 Service Provider Competent Person – Signature:** | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | |
| **10. STAND-BY PERSONNEL – to be completed by each stand-by person during confined space occupancy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Confined Space Standby Person**  **(PRINT name)** | | | | | | | | **DATE** | | | | **Time ON** **1st. duty** | | | | **Time OFF** **1st.duty** | | | | | | **Time ON** **2nd.duty** | | | | | | **Time OFF** **2nd. duty** | |
|  | | | | | | | |  | | | |  | | | |  | | | | | |  | | | | | |  | |
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| **The Stand-by personnel listed above have been trained in the Emergency Response Plan for this Confined Space:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **🡺 Service Provider Competent Person – Signature:** | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | |
| **11. RECORD OF UNDERSTANDING THE PROCEDURES FOR CONFINED SPACE ENTRY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/We understand the procedures required for entry and work in the confined space and the protective measures and equipment to be used (evidence of confined space training must be provided before entering the space). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | Signature: | | | | | | | | Time: | | | | | | | | | Date: | | | |
| Name: | | | | | | | | | Signature: | | | | | | | | Time: | | | | | | | | | Date: | | | |
| Name: | | | | | | | | | Signature: | | | | | | | | Time: | | | | | | | | | Date: | | | |
| **12. METHOD OF COMMUNICATION – Stand-by person to work crew** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radio | | | | Voice | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **🡺 Service Provider Competent Person – Signature:** | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | |
| **13. AUTHORISATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Based on the information provided above, the confined space described above is, in my opinion, in a safe condition for entry and the work to be done, provided that all the precautions are fully observed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **🡺 Service Provider Competent Person** | | | | | | | Signature: | | | | | | | | | | Time: | | | | | | | | | Date: | | | |
| **14. CONFINED SPACE ENTRY RECORD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Entrant Name** | | | | | | **Entry Time** | | | | | | | **Signature** | | | | | **Exit Time** | | | | | | | | | **Signature** | | |
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| **14. SIGN OUT – tick all applicable boxes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a)** All persons have left the confined space - further entry not permitted unless a new entry permit is completed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **b)** All equipment **has**  **/ has not**  been withdrawn | | | | | | | | | | | | **c)** The work **has**  **/ has not**  been completed. | | | | | | | | | | | | | | | | | |
| **d)** Equipment/ plant/ machinery **is**  / **is not**  fit for use **N/A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **e)** The work has been suspended  and observations of unsatisfactory aspects of the operation in the confined space are noted for attention prior to undertaking similar operations (attach separate sheet if necessary) Notes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **🡺 Service Provider Competent Person** | | | | | | | | Signature: | | | | | Time: | | | | | | | | | | | | | Date: | | | |
| **15. ACCEPTANCE OF COMPLETED WORK – To be completed by MIRVAC Representative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I accept the work as defined in Section 4 of this permit has been completed:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | Signature: | | | | | Time: | | | | | | | | | | | | | Date: | | | |