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| **Part 1: General Information** (completed by **Permit to Work Initiator**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of person in control of work (**Permit to Work Acceptor**): | | | | |  | | | | | | | | | | | | | | | | JSA Number: | | | | | | | | | | |  | | |
| Location of task: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of task: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Plan has been formulated and communicated to all work team members | | | | | | | | | | Yes  Attached (task cannot proceed without Emergency plan) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 2: Considerations** (completed by **Permit to Work Initiator**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Isolation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are any of the following present and requiring isolation prior to entering the confined space: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pipelines (water, steam, gas etc.) | | | | | | | | | Yes  No | | | | | | | Electrical Services | | | | | | | | | | | | | | Yes No | | | | |
| Mechanical/ electrical drives | | | | | | | | | Yes No | | | | | | | Radiation devices | | | | | | | | | | | | | | Yes No | | | | |
| Sludge/ deposits/ waste | | | | | | | | | Yes No | | | | | | | Free flowing solids | | | | | | | | | | | | | | Yes No | | | | |
| Harmful materials | | | | | | | | | Yes No | | | | | | | Group isolation | | | | | | | | | | | | | | Yes No | | | | |
| **Isolation Listing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment Description | | Equipment Type | | | | | | | | | Equipment Location | | | | | | | | | Lock Type | | | | | Isolation Complete | | | | | | | | De-isolation Complete | |
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| **Other Considerations and Controls** (completed by **Permit to Work Initiator**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hot Work Permit required? | | | Yes No | | | | | | | Are other Permits to Work required? | | | | | | | | Yes, details      No | | | | | | | | | | | | | | | | |
| **Pre-test of Confined Space Atmosphere** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oxygen | LEL% | | | CO | | | | | | | | | HS2 | | | | | | Other | | | | Gas Monitor No. | | | | | | | | Test Time | | | |
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| Must continuous monitoring occur?  Yes, time Interval:        No, because: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 3: Permit Authorisation** (completed by **Confined Space PTW Authoriser,** and **Permit to Work Acceptor**). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (to be completed and signed by University of Canberra **Confined Space Permit Authoriser**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I authorise this work based on the control measures and precautions for the safe entry and execution of work in a confined space that have been listed on this form. I have been informed by the Permit to Work Initiator that the listed controls are already in place. The Permit to Work Acceptor has also agreed to ensure all persons performing work under this permit will be advised, understand and adhere to its requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | Signature: | | | | | | | | | | | | Date: | | | | | | | | Time: | | | | | | |
| **Permit to be valid until**: | | | | | | | | Date: | | | | | | | | | | | | Time: | | | | | | | | | | | | | | |
| (to be completed and signed by University of Canberra **Permit to Work Acceptor**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have discussed this work with the Permit Authoriser and understand all aspects of the task. I shall comply with all provisions of this permit and shall convey these provisions and all relevant information to all persons involved in this task. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | Signature: | | | | | | | | | | | | Date: | | | | | | | | Time: | | | | | | |
| Name: | | | | | | | | Signature: | | | | | | | | | | | | Date: | | | | | | | | Time: | | | | | | |
| Name: | | | | | | | | Signature: | | | | | | | | | | | | Date: | | | | | | | | Time: | | | | | | |
| **Part 4: Atmospheric Testing During Work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monitor Number: | | | | | | | Gas monitor in calibration? | | | | | | | | | | Yes No | | | | | Days remaining? | | | | | | | | | | | | |
| Has an instrument bump test or fresh air calibration been performed? | | | | | | | | | | | | | | | | | Yes No, because: | | | | | | | | | | | | | | | | | |
| **Test Results** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pre-test of Confined Space Atmosphere** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oxygen | LEL% | | | CO | | | | | | | | | HS2 | | | | | | Other | | | | Gas Monitor No. | | | | | | | | Test Time | | |
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| Chemical agents permitted in confined space are: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 5: Persons Required to Enter Confined Space** (completed by all Workers Entering the Confined Space) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each worker shall enter their details below before entering the confined space. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Acceptance**  By Signing onto this register I am confirming that I understand the procedures required for entry and working within this confined space, the controls that have been implemented and the equipment I shall use. I am also familiar with all aspects of this work and the Emergency Plan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | **Date:** | | | | | | **Entry** | | | | | | | | | | | | **Exit** | | | | | | | | | | |
| **Time** | | | **Signature** | | | | | | | | | **Time** | | **Signature** | | | | | | | | |
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| **Standby Person/s**  I understand the procedure required for entry and work in a confined space, controls that have been implemented and the equipment that shall be used. I will perform the role of standby person while work is performed within this confined space. I understand the Emergency Response Plan that has been formulated for this task and will initiate it when required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | Signature: | | | | | | | | | | | | Date: | | | | | | | | | Time: | | | | | |
| Name: | | | | | | | | Signature: | | | | | | | | | | | | Date: | | | | | | | | | Time: | | | | | |
| Name: | | | | | | | | Signature: | | | | | | | | | | | | Date: | | | | | | | | | Time: | | | | | |
| **Part 6: Permit Closure** (to be completed by **Permit to Work Authoriser** and **Permit to Work Acceptor**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, the Confined Space Permit Acceptor have inspected the confined space describe above and certify that: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All persons working on the job have signed off the permit and left the job site. | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | |
| All isolations, locks and tags have been removed and the plant is safe to return to service | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | |
| **Permit to Work Acceptor:** | | | | | | | | | | | | | | Signature | | | | | | | | | Date: | | | | | | | | | Time: | | |
| I, the Confined Space Permit Authoriser by signing here advise that this permit is now cancelled; any additional work requires the issuing of a new permit. No further access is permitted to this confined space until that occurs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Permit to Work Authoriser:** | | | | | | | | | | | | | | Signature | | | | | | | | | Date: | | | | | | | | | Time: | | |