

PERMIT TO WORK CONFINED SPACES

*Your Company Name,
Logo and Details Here*

PERMIT No:

Cross reference the Permit to Entry No with this Confined Space Permit

SECTION A: Permit details - To be completed by the Authorised Person prior to work commencing

Permit Date Required:	Start Date:	Finish Date:	Required Start Time:	Planned Start Time:
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Location of Confined Space (State Building, Floor, Room Number and Area)

Purpose of Work Required:

Method Statement No:	Risk Statement No:	COSHH Assessment No:
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Safety Equipment and PPE identified (Tick as Required):

Escape Sets	<input type="checkbox"/>	B.A. Sets	<input type="checkbox"/>	Harness	<input type="checkbox"/>	Safety Barriers	<input type="checkbox"/>
Gas Monitors	<input type="checkbox"/>	Lifeline	<input type="checkbox"/>	Safety Torch	<input type="checkbox"/>	Hard Hats	<input type="checkbox"/>
Winch (man riding)	<input type="checkbox"/>	Forced Ventilation	<input type="checkbox"/>	Resuscitation Unit	<input type="checkbox"/>	First Aid Equipment	<input type="checkbox"/>
Other (please specify):							

Gas Monitor reading prior to entry:	Name of person taking first reading:
O ₂ % Vol: <input type="text"/> <input type="text"/> <input type="text"/>	% LEL: <input type="text"/> <input type="text"/> <input type="text"/>
CO ppm: <input type="text"/> <input type="text"/> <input type="text"/>	H2S ppm: <input type="text"/> <input type="text"/> <input type="text"/>

Names of all persons associated with this entry:	Name of Company/Contractor:
	Name of Senior Person:

The appropriate method of communication is:

In the event of an emergency, the following procedure shall be implemented:

Signed - Competent Person:	PRINT - Competent Person:
Contact No:	Date: Time:

SECTION B: AUTHORISATION

To be completed by the Authorised Person before entry can proceed.

Safety Control Measures in place: Yes ☐ No ☐ Method of communications demonstrated Yes ☐ No ☐

Emergency procedures are adequate Yes ☐ No ☐

Signed - Authorised Person:	PRINT - Authorised Person:
Contact No:	Date: Time:

SECTION C: CLOSE-OUT

To be completed by the competent Person and Authorised Person when entry is no longer required and the area has been made safe and all workers withdrawn and Keys issued returned.

Signed - Competent Person:	Signed - Authorised Person:
Date: Time:	Date: Time:
PRINT - Competent Person:	PRINT - Authorised Person: