

Confined Space Entry Permit & Risk Assessment

Risk assessment

Job Description:

Work to be done by:

Confined Space No.:

Nature of work to be undertaken:

Hazards/Risks associated with task:

1		6	
2		7	
3		8	
4		9	
5		10	

Planned control measures to remove/minimise hazards/risks:

1		6	
2		7	
3		8	
4		9	
5		10	

Does the Risk Assessment identify that confined space work is involved?: YES NO

If yes then the confined space entry permit MUST be completed

NOTE: EMERGENCY & RESCUE PROCEDURES: Where an accident occurs which requires that an emergency rescue be attempted, the Stand-by & Rescue Person is to **immediately contact EMERGENCY SERVICES on 000** for assistance.

Competent person completing risk assessment	Date	Time

Confined space entry permit

(1) Isolation? is isolation of the confined space required, (tick where applicable) If yes does the space need to be isolated from	YES		NO		Isolation done Before entry	Isolation restored after exit
1 Water/Gas/Steam/Chemicals?	YES	NO				
2 Mechanical/Electrical Drives?	YES	NO				
3 Auto/Fire extinguishing systems?	YES	NO				
4 Hydraulic/Electric/Gas power?	YES	NO				
5 Other (specify)?	YES	NO				
6 Tags fixed to isolation point?	YES	NO				



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(2) Ventilation adequate? (tick which is applicable):	YES	NO
If NO, what kind of ventilation is proposed?:		
Appropriate ventilation provided before entry:		

(3) Atmospheric test required? (tick which is applicable):	YES	NO			
If YES:					
Measured depth: (three readings must be taken)	Oxygen:	Hydrogen Sulphide:	Other Toxic gas PPM:	Flammable Gases:	Time taken:
Permitted Levels	19.5%-23.50%	10ppm		<5%LEL	
1					
2					
3					

(4) Personal protective equipment? The following PPE is to be worn/used (tick which is applicable):					
1	Respiratory protection	4	Rescue or access equipment		
	SCBA		Escape set		
	SCUBA		Communications		
	SSBA		Motion detector		
	Air purifying respirator		Lifeline		
	Air line		Lifting gear		
2	Eye protection	5	Essential requirements		
	Safety glasses		Fire extinguisher		
	Goggles		First aid kit		
			Torch		
3	Routine protection	6	Other (specify):		
	Gloves				
	Overalls				
	Chemical suit				
	Ear plugs/muffs				
	Hard hat				
	Safety boots				

(5) Hot work required? If YES complete the following (tick which is applicable):	YES	NO
1 Is site clear of combustibles to 15 metres?	YES	NO
2 Are applicable fire extinguishers on site?	YES	NO
3 Types of fire extinguishers available	YES	NO
4 Atmosphere free from gasses?	YES	NO
5 Safe access and exit?	YES	NO
6 HOT WORK is allowed?	YES	NO

(6) Stand by and rescue		
Name(s) of stand by person(s):		
Rescue and emergency procedures understood (tick which is applicable)	YES	NO

Management approval to enter (tick which is applicable)		
The confined space is safe for entry for the work described provided		
all nominated precautions are fully observed	YES	NO
All persons on the job have been briefed	YES	NO



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Supervisor Approval		
This work entry permit is valid until:	Date:	Time:
Supervisor:		
Print Name:		
Signature:	Date:	Time:

All personnel entering and working in the confined space MUST sign below:

SIGN ON: I have been advised of the safety precautions to be taken while working in the confined space covered by this permit. I have been trained to work in confined spaces and consider this site safe to enter.	SIGN OFF: I have now left this confined space and I am aware that should I re-enter it I am required to SIGN ON again.
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SIGN ON ENTRY	PRINT NAME	DATE	TIME	CARD No.	SIGN OFF ON EXIT
1					
2					
3					
4					
5					

The following new hazards/conditions were identified during completion of this task:

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The following gas concentration were measured during the completion of this task

	Oxygen:	Hydrogen Sulphide:	Other Toxic gas PPM:	Flammable Gases:	Time taken:
1					

Exit Statement: Work is now completed (or suspended), all personnel have exited the confined space, signed off above, all equipment removed and the confined space may now be secured and this permit cancelled.

Signed:

Date:

Time:

Supervisor Cancellation of Approval		
Budget Unit:	Date:	Time:
Print Name:		
Signature:	Date:	Time:

This permit is now cancelled. Any re-entry or work concerning this confined space requires the issue of a new Confined Space Work Entry Permit.



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