



CONFINED SPACE ENTRY PERMIT



BPWHS-05

Permit Reference No.

SECTION A - Administration (this section must be completed)

Flinders University Work Reference or Project Number:

Company undertaking the task:

Company supervising the task

Company Name:

Supervisor Name:

Supervisor Email:

Supervisor Mobile No.:

Is the person completing this form the supervisor above?

Flinders University Contact:

Flinders University Contact Email:

Proposed Start Date:

Proposed End Date:

SECTION B - Location Where is the work undertaken (this section must be completed)

Location Description**:

** Provide a **SPECIFIC LOCATION DESCRIPTION**

(For example Southern end of car park 7 adjacent to the western wall of Physical Sciences Building).

Using the campus map (<https://www.flinders.edu.au/content/dam/documents/campus/maps/campus-map.pdf>) please confirm the location of the work by providing a grid reference(s)

Campus Map Reference(s):

SECTION C- Work Description

Section 1. Risk Control

1.1 . Isolation Checklist As Applicable	Yes	No	Comment Location and Method
Following the risk assessment process, is an isolation required to be undertaken before the confined space is entered?			
Water/gas/steam/chemicals			
Mechanical/electrical drives			
Auto fire extinguishing systems			
Hydraulic/electrical/gas/power			
Sludge/deposits/wastes			
Isolations of plant/services compliant with Flinders tag out procedures			

1.2 Atmospheric Monitoring			
The results of all the atmospheric testing shall be recorded	Time Tested		
Tested By:	Name:		
Results of testing	Reading	Comment	
Oxygen (%)			
Flammable gases LEL (%)			
Hydrogen Sulfide-H ₂ S (ppm)			
Carbon Monoxide-CO (ppm)			
Other gases LEL (%):			
Other atmospheric contaminants:			
The conditions for entry are marked as below	Yes	No	
With air breathing apparatus			
Without respiratory protection			
With escape unit			

1.3 Hot Work	Yes	No	Comment
Is hot work being undertaken in the confined space?			
The area is clear of all combustibles including combustible atmosphere			
Suitable access and exit			
Hot work is permitted			
Completed and authorised hot work permit attached			
Type of appropriate fire prevention equipment			

1.4 Personal Protective Equipment	Yes	No	Comment on Type
The following safety equipment shall be worn			
Respiratory protection			
Harness/lifelines			
Eye protection			
Hand protection			
Footwear			
Protective clothing			
Hearing protection			
Safety helmet			
Personal atmospheric monitor			
Other:			

1.5 Other Precautions Required	Yes	No	Comment
After consulting the University Asbestos Register, is there asbestos present within the confined space?			
Warning notices (not optional)			
Barricades (not optional)			
Continual air monitoring required			
Intrinsically safe equipment			
Communication equipment			
Ventilation required			

1.6 Emergency and First Aid	Yes	No	Comment
Workers aware of first aid provisions			
Workers aware of emergency procedures detailed in SWMS			

1.7 Standby Person(s)		
Standby Person(s):	I/we: fully understand the roles and responsibilities of the Standby Person regarding entry into this confined space; have read and fully understand the precautions required; have a thorough working knowledge of emergency actions to be taken and equipment to be used.	
Name	Signature	Date

1.8 Required Safety Documentation	Yes	No	Comment
Confined Space Competency (attach evidence for all workers)			
Calibration Certificate for Atmospheric Gas Analyser (attach evidence)			
JSA- site specific			
JSA- identified safety control measures in use			
HRCW-SWMS-Job Specific			
SWMS-workers aware of and signed on			
SWMS- identified safety control measures in use			

Section 2. Authority To Enter

The control measures and precautions appropriate for the safe entry, execution of the task(s) within the confined space and safe exit has been implemented and the person(s) required to work in the in the confined space have been advised of and understand the requirements of this written authority.

Name:..... (Authorised Competent Flinders University Permit Issuer) Signature:..... Name:..... (person in direct to control) Signature:.....	Date:	Time:
	This authority is valid until:	
	Date:	Time:

Section 3. Persons Authorised to Enter Confined Space

Entrants:

I/we: have been advised of and understand the control measures and precautions to be observed for safe entry, work in the confined space and safe exit furthermore I/we fully understand the access, retrieval and emergency procedures; have a thorough working knowledge of the equipment to be used.

Name	Signature	Date	Time IN	Gas Monitor Checked	Time OUT

Section 4. Withdrawal of Permit

	Yes	No	Comment
Task has been completed			
All workers have left space			
All equipment, plant and materials accounted for			
Confined space has been secured			
Name:..... (person in direct control) Signature:.....	Date:		Time:

4.1. Comments/Remarks

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