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| **Site Name:** |  | | | | | **Permit Number:** | |  | |
| **Part A**  **To be completed by person in charge of works prior to issue.**  This permit is issued to control access into restricted areas which contain potential hazards. There are two types of permits within this Permit to Work:   1. **Confined Space Permit**   (Work areas which are enclosed with limited openings and or partially enclosed i.e., deep trenches creating difficult access/egress, hazardous environments with poor ventilation and containing hazardous substances which can cause a high risk of death or serious injury to persons working in such areas)   1. **Controlled Access Permit**   (Work areas which are hazardous but not classified as confined spaces, but require control measures to ensure the safety and wellbeing of persons involved in work activities in such areas i.e., working around electricity sub-stations, working on roofs, lone working, etc) | | | | | | | | | |
| **Permit Requested by:** | **Name:** |  | | | | **Position:** | |  | |
| **Company** |  | | | |
| **Detailed Description of Proposed Works and Location:** |  | | | | | | | | |
| **Potential Hazards and Solution Checklist** | | | **Yes** | **No** | **Comments** | | | | |
| Is the work area a confined space? | | |  |  |  | | | | |
| Can the work be done without entering the confined space? | | |  |  |  | | | | |
| Can you modify the confined space so that entry is not necessary or enable safer access/egress? | | |  |  |  | | | | |
| Can all potential hazards be removed or isolated from the work area? | | |  |  |  | | | | |
| Does the atmosphere need to be tested? | | |  |  |  | | | | |
| **From the answers to the above questions is a confined space or a controlled access permit required?**  (If answers to any of the above questions are in the shaded squares, then a confined spaces permit is required. If all the answers are in the un-shaded squares, then a controlled access permit is required) | | | | | | | **Type of Permit Required** | | |
| **Confined Space Permit**  Complete part B | |  |
| **Controlled Access Permit**  Complete part C | |  |

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| **Part B**  **Confined Space Permit:** (Cross out if not required) | | | | | | | |
| **Hazards Identified:** (including any introduced by the work activities) | | | | | | | |
| **Preliminary Works:**  To be completed by supervisor in charge | | | **Yes** | **No** | **N/A** | **Comments** | |
| Is there safe access/egress into the confined space? | | |  |  |  |  | |
| Is there adequate space to conduct the task safely? | | |  |  |  |  | |
| Have all incoming hazards been isolated (i.e., electricity, gas, water, etc)? | | |  |  |  |  | |
| Has installed equipment (electrical and mechanical) been isolated? | | |  |  |  |  | |
| Have all residues, sludges or other potential causes of fumes been removed? | | |  |  |  |  | |
| Have all biological, chemical and physical hazards been removed? | | |  |  |  |  | |
| Has the confined space been drained, vented and purged? | | |  |  |  |  | |
| Is there adequate natural ventilation? | | |  |  |  |  | |
| Has the atmosphere been tested and is safe?  (If yes provide evidence/If no complete air monitoring section below) | | |  |  |  |  | |
| **Air Monitoring** | | | | | | | |
| Instrument Used: |  | | | | | | |
| Calibration Date: |  | | | | | | |
| Air Monitoring Conducted By: | **Print:** |  | | | | | |
| **Sign:** |  | | | | | |
| **Results** | | **Gas Monitor Reading** | | | | | **Date and Time** |
| Oxygen (O2) | |  | | | | |  |
| Combustibles (LEL’s) | |  | | | | |  |
| Carbon Monoxide (CO) | |  | | | | |  |
| Hydrogen Sulphide (H2S) | |  | | | | |  |

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| **Part B continued** | | | |
| **Conclusion** | **Yes** | **No** | **Comments** |
| Did the alarm sound during the duration of monitoring? |  |  |  |
| Is the atmosphere safe to enter? |  |  |  |
| **Control Measures to be in Place Prior to Commencing Work** | | | |
| **Essential Procedures** | **Yes** | **No** | **Comments** |
| Risk Assessment & Method Statement approved, and all operatives involved in these works have been briefed?  (Please attach evidence) |  |  |  |
| Supervisor & operative to be trained in confined spaces safe practice? |  |  |  |
| Written emergency procedure including named first aiders?  (Attach to this permit) |  |  |  |
| Rescue and emergency equipment in place and all personnel trained on how to use it.  (Please specify) |  |  |  |
| What PPE is required for the task?  (Please specify) |  |  |  |
| Atmosphere to be monitored continuously? |  |  |  |
| Temporary access/egress equipment provided?  (Please specify) |  |  |  |
| Firefighting equipment and personnel trained in its use?  (Please specify) |  |  |  |
| Adequate lighting to carry out works? |  |  |  |
| Competent safety person present at all times?  (Please specify) |  |  |  |
| Suitable means of communication are set up between the operative/s in the confined space and the safety person?  (Please specify) |  |  |  |
| All personnel involved in this works have undergone a toolbox talk on all aspects of this permit and any associated information attached. |  |  |  |
| Any other control measures/information relevant to these works  (Please specify) |  |  |  |

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| **Part B continued**  **Approval to Proceed:** | | | | | | **Part B: Received & Accepted By:** | |
|  | | | | | | I declare that all the above safety precautions will be put in place before work commences or that an explanation as to why some or all of the above precautions are not necessary: | |
| **From:** | **Date:** | |  | **Time:** |  |
|  | | | | | |
| **Until:** | **Date:** | |  | **Time:** |  |
|  | | | | | |
| **Print:** | |  | | | | **Print:** |  |
| **Sign:** | |  | | | | **Sign:** |  |
| **Company:** | |  | | | | **Company:** |  |
| **Date:** | |  | | | | **Date:** |  |
| This permit is issued FOR GUIDANCE ONLY and is the responsibility of the persons carrying out the works to ensure that the precise location of all services is established, to take all reasonable care and measures to ensure the safety and security of all personnel engaged in the works, other site personnel and the general public. | | | | | | | |

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| **Part C: Restricted Access Permit (Cross out if not required)** | | | | | | | | | | | | **Permit No:** |  |
| **Hazards Identified:** (including any introduced by the work activities) | | | | | | | | | | | | | |
| **Essential Procedures** | | | | | | | **Yes** | **No** | | **N/A** | **Comments** | | |
| Risk Assessment & Method Statement approved, and all operatives involved in these works have been briefed?(Please attach evidence) | | | | | | |  |  | |  |  | | |
| What PPE is required for the task?  (Please specify) | | | | | | |  |  | |  |  | | |
| Written emergency procedure including named first aiders?  (Attach to this permit) | | | | | | |  |  | |  |  | | |
| Has installed equipment (electrical and mechanical) been isolated? | | | | | | |  |  | |  |  | | |
| Can all potential hazards be removed or isolated from the work area? | | | | | | |  |  | |  |  | | |
| Temporary access/egress equipment provided?  (Please specify) | | | | | | |  |  | |  |  | | |
| Firefighting equipment and personnel trained in its use?  (Please specify) | | | | | | |  |  | |  |  | | |
| Adequate lighting to carry out works? | | | | | | |  |  | |  |  | | |
| All personnel involved in these works have undergone a toolbox talk on all aspects of this permit and any associated information attached. | | | | | | |  |  | |  |  | | |
| Any other control measures/information relevant to these works  (Please specify) | | | | | | |  |  | |  |  | | |
| **Part C: Approval to Proceed:** | | | | | | **Part C: Received & Accepted By:** | | | | | | | |
|  | | | | | | I declare that all the above safety precautions will be put in place before work commences or that an explanation as to why some or all of the above precautions are not necessary: | | | | | | | |
| **From:** | **Date:** | |  | **Time:** |  |
|  | | | | | |
| **Until:** | **Date:** | |  | **Time:** |  |
|  | | | | | |
| **Print:** | |  | | | | **Print:** | | |  | | | | |
| **Sign:** | |  | | | | **Sign:** | | |  | | | | |
| **Company:** | |  | | | | **Company:** | | |  | | | | |
| **Date:** | |  | | | | **Date:** | | |  | | | | |
| This permit is issued FOR GUIDANCE ONLY and is the responsibility of the persons carrying out the works to ensure that the precise location of all services is established, to take all reasonable care and measures to ensure the safety and security of all personnel engaged in the works, other site personnel and the general public. | | | | | | | | | | | | | |

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| **Part D: Cancelation of Permit** | | | | | | **Permit No:** | |  | |
| **Part D: Cancelation of Permit:** | | | | **Part D: Received & Accepted By:** | | | | | |
|  | | | | I declare that the works are complete/suspended, and the area has been left in a safe condition, all equipment and materials have been removed, and the confined space or restricted area has been secured to prevent access. | | | | | |
|  | | | | | | | | | |
| **Print:** |  | | | **Print:** |  | | | | |
| **Sign:** |  | | | **Sign:** |  | | | | |
| **Company:** |  | | | **Company:** |  | | | | |
| **Date:** |  | **Time:** |  | **Date:** |  | | **Time:** | |  |
| **This Permit to Work is Now Cancelled**  **A New Permit Will be Required if Work is to Continue** | | | | | | | | | |

**Note:**

The maximum duration a confined space/controlled access permit can be issued for, is 1 working day. A new permit must be requested everyday if the works exceed this maximum.

Any failure to follow the details outlined in this permit after it has been issued will result in the permit being cancelled immediately and all works associated with this permit stopping until the issues have been rectified.