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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LOCATION OF WORK - Customer Details | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| WORK TO BE DONE - Job Number | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| CONFINED SPACE PERSONNEL | | | | | | | | | | | | | | | | | | | |
| A | Responsible Person | | |  | | | | | | | | Signature | |  | | | | | |
| B | Standby Person | | |  | | | | | | | | Signature | |  | | | | | |
|  |  | | |  | | | | | | | | Signature | |  | | | | | |
|  |  | | |  | | | | | | | | Signature | |  | | | | | |
| C | We the below, have signed to signify that we understand the hazards involved, precautions, controls and emergency procedures to be followed when working in this confined space | | | | | | | | | | | | | | | | | | |
| Persons Entering | | | | | | | | Signature | | | | | | | | Time In | | Time Out | |
|  | | | | | | | |  | | | | | | | |  | |  | |
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| PERSONAL PROTECTIVE EQUIPMENT (PPE- In use – please tick) | | | | | | | | | | | | | | | | | | | |
| Supplied Air Respirators  Supplied Air Respirators  Oxygen Self Rescuer  Protective Clothing / Equipment  Safety Harness  Safety Line | | | | | | | | | | | | | | | | | | | |
| CHEMICAL SUBSTANCES USED | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| OTHER PRECAUTIONS (please tick) | | | | | | | | | | | | | | | | | | | |
| Warning Notices Barricades  Smoking Prohibited  Rescue System in place  Other Precautions | | | | | | | | | | | | | | | | | | | |
| ISOLATION OF CONFINED SPACE (please tick) | | | | | | | | | | | | | | | | | | | |
| Water/Sewer flow isolation/ control  Mechanical/Electrical drives, substances  Harmful substance        Warning notices, locks or tags in place | | | | | | | | | | | | | | | | | | | |
| AIR QUALITY (test and record levels) | | | | | | | | | | | | | | | | | | | |
| Time | | Oxygen | | | Hydrogen Sulphide | | | | Flammable Gas | | Carbon Monoxide | | | | Other | | | | Initial |
| Test every 15min until stable, 30min after with monitor on person in space, record results here. | | | | | | | | | | | | | | | | | | | |
| Monitor Ser Nos | | |  | | | | Last Calibration Date | | | Click or tap to enter a date. | | | | | | Calibration Due | Click or tap to enter a date. | | |
| Field Calibration Test Conducted | | | | | | Yes  No | | | | | | | Passed Test | | | | Yes  No | | |
|  | | B/w 19.5% & 23.5%> | | | Less than 10 ppm | | | | Less than 5% LEL | | Less than 30 ppm | | | |  | | | |  |
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| AUTHORISATION FOR SAFE ENTRY | | | | | | | | | | | |
| Based on risk assessment this confined space is safe for entry and work under the authority of Responsible Manager below. The work team is trained and equipped for this entry under direction of the; | | | | | | | | | | | |
| Authorised Person (Name) | |  | | | | to direct and control work. | | | | | |
| Responsible Manager (Name) | |  | | | | Date | Click or tap to enter a date. | | | Initial |  |
| If telephone approval is given, Authorised Person on site is to note time and witness for authority | | | | | | | | | | | |
| Time Telephone Approval | |  | Initial |  | | | Witness | |  | | |
| SIGNING OUT | | | | | | | | | | | |
| All persons have left the confined space and no further entry is permitted unless a new entry permit is signed This plant is fit to return to service (please tick)  No, is not fit  Yes, is fit | | | | | | | | | | | |
| Responsible Person |  | | | | Date | | | Click or tap to enter a date. | | | |
| DETAILS OF RESCUE SYSTEM / EMERGENCY RESPONSE PLAN (refer guide following) | | | | | | | | | | | |
|  | | | | | | | | | | | |

**CONFINED SPACE EMERGENCY RESPONSE PLAN GUIDE**

A site-specific emergency response plan shall be developed for any confined space entry.

This document provides guidelines to prepare a suitable plan.

**Information be given when requesting an emergency service response**

1. Site identification and Address:
2. Nearest cross street:
3. Additional information needed to locate the site and the place where the incident occurred:
4. Nature of emergency and services required:
5. Number of persons requiring assistance:

**Foreseeable emergency in a confined space**

All persons working in or near an occupied confined space should be made aware of the history of confined space incidents, the limitations of respiratory protective equipment and the need to control danger prior to entry as an incident response.

**Flooding**

*Advise whether flooding of this confined space is possible, identify sources e.g.*

1. Adverse weather
2. Failure of isolations or flow controls
3. Catastrophic failure of engineered structures or fluid containing systems.
4. Other event - specify

*Advise appropriate actions which may include*

1. Evacuate confined space
2. Restore failed isolations
3. Minimise community impact
4. Minimise environmental impact

**Contaminated or oxygen deficient atmosphere**

A confined space should not be entered until ventilation has purged a contaminated or oxygen deficient atmosphere and this has been confirmed by gas testing. This atmosphere may need to be maintained by ongoing ventilation and continuous gas monitoring.

*Advise possible causes of an unsafe atmosphere in this confined space on this occasion, e.g.:*

1. Failure of the ventilation system
2. Release of additional contaminants from disturbing sediments
3. Release of additional contaminants from the work processes
4. Change in the nature of the liquid flow. In a sewer, this could be caused by customer discharge or operation of a sewage pumping station.
5. Other event – specify

*Advise appropriate actions e.g.:*

1. Immediate use of air supplied breathing apparatus (escape set)
2. Evacuate confined space
3. Restore failed ventilation or isolations
4. Perform work in air supplied breathing apparatus (work set)
5. Minimise community impact
6. Minimise environmental impact
7. Assist the evacuation of persons potentially overcome by the unsafe atmosphere.

**Entrapment**

*Advise possible causes of entrapment in this confined space e.g.:*

1. Entanglement of a lifeline in equipment
2. Catastrophic structural failure
3. Uncontrolled discharge of fluid or flowing solid
4. Failure of isolation on moving machinery.
5. Other event - specify

*Advise appropriate actions e.g.:*

1. Release trapped persons
2. Provide first aid
3. Evacuate confined space
4. Restore failed isolations
5. Remove lifeline and exit the confined space

**Incapacitation injury or acute disease incident**

A person working in a confined space may be unable to exit the confined space as a result of an event such as:

1. A fall
2. Heart attack or similar incapacitating disease
3. Injury to a limb etc.
4. The person is unable to exit the confined space unaided, requires medical attention but is not at immediate danger from the confined space conditions.

*Appropriate actions may include:*

1. Render appropriate first aid
2. Cease work that may hinder the emergency service response
3. Assist the emergency service response if requested