



*To Provide our community with
quality health services in a pleasant, caring and safe
environment*

CONFINED SPACE ENTRY PERMIT

Instructions 1. This permit must be completed by the confined space supervisor ONLY. 2. All elements of the permit must be completed prior to approving access to the Confined Space 3. A Separate permit must be completed each time work within a Confined Space is to be undertaken. Completed permits must be stored in the central register. (Director of Nursing Office)	CS Supervisor Name <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Confined Space Location <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
--	--

1. Person Entering (name & qualifications)

2. Description of Work Planned

3. Isolation of Plant

The items ticked below isolated in accordance with agreed policy and procedures:

- Steam Drain
- Water in/Water out Purge
- To be identified by trade staff prior to commencing any work activity.

4. Preparation of Environment

The items ticked below have been completed in accordance with agreed policy and procedures

- Oxygen levels between 19.5% - 23.5%
- LEL below 5%
- Signage placed in visible location
- Hydrogen Sulphide

5. Preparation of Staff

The items ticked below have been completed according to agreed policy and procedures

- Access Eye Protection
- Confirm health status of staff members
- Inspects PPE (light clothing, non-slip shoes)
- Reinforce safety precautions and work rules

6. Preparation of Equipment

Items ticked below have been checked/cleared

- Waterproof battery powered torches
- Respiratory equipment
- Harness and rope (lifeline)
- Contents of equipment bag (tools required, knives-in scabbards, first aid supplies)
- Portable phone

7. Stand-by personal and emergency response plan

The following arrangements have been made

- The nominated stand-by person is

- The agreed maximum time to be spent working in Confined Space without a break is
30 minutes in then 30 minutes out
- Rescue and emergency procedures are known and understood

8. Authorisation

The Confined Space is safe to enter and work provided the precautions are followed

Work Supervisor

Date / / Time am/pm

We understand fully the procedures and measures required for safe work in the Confined Space
Signed

(Person applying for permit)

Signed

(Person supervising C.S. work)



*To Provide our community with
quality health services in a pleasant, caring and safe
environment*

WORK SCHEDULE

Employee Name	Time In	Time Out	Signed

Sign Out

All persons have left the Confined Space and further entry should not be permitted unless a new entry is completed. The Confined Space is not fit for use.

Work Supervisor

Date Time am / pm
