

Confined Space Permit

Project Name Details:								
Project/Task Name:			Site Location:					
Contractor:			Contractor Representative:					
AMG Representative:			ATCW #	V #				
Disruption Detai	ils							
Proposed Date of Works								
Proposed Time:								
Can the work be completed without entry to a confined space?		Yes No						
Preparation								
Isolation of Services has been identified as part of a Service isolation Permit?		Yes No						
Warning notices, locks and danger tags will be affixed as part of the isolation?		Yes No						
Safe Work Method Statement has been completed (submit with application)		Yes No						
Isolations required?		Electrical Water Natural Gas Fire Services Exit/Emergency Lighting Security Systems Lifts						
		Plant/Equipment						
Any activities involving open flames, sparks, welding, or hot works have been identified as part of a Hot Works Permit?		Yes No						
Are chemicals required to be taken into the confined space?		Yes No						

Safety Equipment

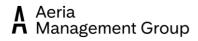
Review Date: 15/04/2025





What Safety Equipment is required as part of this activity?	Respiratory Protection Eye Protection Hand Protection Hearing Protection Protective Footwear Protective Clothing Safety Helmet Personal Atmosphere Monitor						
Other:							
Site Controls							
Specific controls required for the task	Fire Extinguisher rentilation						
Other:							
Standby person will be dedicated an							
Warning signs will be in place for dur							
Site access will be controlled for dura							
Rescue plan is in place, tested and pof induction and prestart toolboxes.							
A register of all people and required							
Atmospheric testing							
Atmospheric Testing is required							
Purging of the space will be undertal							
Oxygen (02) Levels to be monitored							
Lower Explosive Limit (LeL) Levels to <10% with continuous monitor)							
Carbon Monoxide (CO) to be monito							
Hydrogen Sulphide (H2S) to be mon							
Other:							

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Contractor Submission							
Contractor Respor	nsible for Works						
Email Address							
I acknowledge I an required controls s throughout the wo							
I will ensure that all assessment and re							
I understand that there may be additional requirements as part of high-risk work permit approval, and will ensure all workers are aware, understand, and are signed on as part of my site induction process and prestart risk assessment.							
I will confirm and comethod statement undertake.							
I will confirm that a been trained, qual							
My companies con followed for the ac							
In the event of an a assembly point an process will be und AMG representativ							
Completed By							
Name:			Signature:				
Position:			Date:				
AMG Approval							
Reviewed by: (Names)							
Approved by:			Date:				
Role:			Date/Time of Works:				
Comments:							