

Confined Space Permit

Project Name Details:

Project/Task Name:		Site Location:	
Contractor:		Contractor Representative:	
AMG Representative:		ATCW #	

Disruption Details

Proposed Date of Works	
Proposed Time:	
Can the work be completed without entry to a confined space?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Preparation

Isolation of Services has been identified as part of a Service isolation Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warning notices, locks and danger tags will be affixed as part of the isolation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Work Method Statement has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolations required?	<input type="checkbox"/> Electrical <input type="checkbox"/> Water <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fire Services <input type="checkbox"/> Exit/Emergency Lighting <input type="checkbox"/> Security Systems <input type="checkbox"/> Lifts <input type="checkbox"/> Plant/Equipment
Any activities involving open flames, sparks, welding, or hot works have been identified as part of a Hot Works Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are chemicals required to be taken into the confined space?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety Equipment

What Safety Equipment is required as part of this activity?	<input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Eye Protection <input type="checkbox"/> Hand Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Protective Footwear <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Safety Helmet <input type="checkbox"/> Personal Atmosphere Monitor
Other:	

Site Controls

Specific controls required for the task	<input type="checkbox"/> Harness/Lifeline/Tripod/Extraction Device <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Purging of space prior to entry <input type="checkbox"/> Forced ventilation
Other:	

Standby person will be dedicated and remain in place for duration of the activity	<input type="checkbox"/>
Warning signs will be in place for duration of the activity	<input type="checkbox"/>
Site access will be controlled for duration of the activity	<input type="checkbox"/>
Rescue plan is in place, tested and process to notify AMG and emergency Services will be part of induction and prestart toolboxes.	<input type="checkbox"/>
A register of all people and required qualifications will be available onsite	<input type="checkbox"/>

Atmospheric testing

Atmospheric Testing is required	<input type="checkbox"/>
Purging of the space will be undertaken prior to testing and entry	<input type="checkbox"/>
Oxygen (O2) Levels to be monitored continuously to ensure result (between 19.5% - 23.5 %)	<input type="checkbox"/>
Lower Explosive Limit (LeL) Levels to be monitored continuously to ensure result (<5% at entry, <10% with continuous monitor)	<input type="checkbox"/>
Carbon Monoxide (CO) to be monitored continuously to ensure result (< 30 PPM)	<input type="checkbox"/>
Hydrogen Sulphide (H2S) to be monitored continuously to ensure result (< 10 PPM)	<input type="checkbox"/>
Other:	

Contractor Submission			
Contractor Responsible for Works			
Email Address			
<i>I acknowledge I am the nominated person for the works and am responsible to ensure all required controls set out in the permit approval process are in place, effective and monitored throughout the works.</i>			<input type="checkbox"/>
<i>I will ensure that all persons on my site will comply with all controls identified as part of the risk assessment and review/approval stage.</i>			<input type="checkbox"/>
<i>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>			<input type="checkbox"/>
<i>I will confirm and document that workers have been inducted, understand the safe work method statements/procedures, and have correct licenses/competencies for the task they undertake.</i>			<input type="checkbox"/>
<i>I will confirm that all workers required to access and work in or near a confined space have been trained, qualified and are aware of the rescue plan developed for the activity.</i>			<input type="checkbox"/>
<i>My companies confined space entry permit and associated processes will be used and followed for the activity.</i>			<input type="checkbox"/>
<i>In the event of an emergency all works will stop, workers will assemble at the designated assembly point and confirmed as present using the permit. The rescue plan and notification process will be undertaken and works not to recommence until approved by the nominated AMG representative.</i>			<input type="checkbox"/>
Completed By			
Name:		Signature:	
Position:		Date:	
AMG Approval			
Reviewed by: (Names)			
Approved by:		Date:	
Role:		Date/Time of Works:	
Comments:			