

## ACCESS CONDITIONS

Site Location (tick)	[Insert Site Name]	[Insert Site Name]	[Insert Site Name]
Confined Space Recipient (Print Name)			Date of Issue
Work Authority/ Access Permit #			Confined Space Register #
Exact Location			
Description of Work			
Expected Duration of Work			

## RISK ASSESSMENT: Refer to attached Job Safety Analysis

If conditions in the space change then work must stop, the space must be vacated and a new Risk Assessment completed. This must be in consultation with the Issuer. If a Rescue Team is in place they shall also be involved in this process.

## ATMOSPHERE TEST PRE-ENTRY RESULTS: To be completed only by Authorized and Competent Test Person.

Gas Type	Units	Ceiling	TWA (8hrs)	STEL (15min)	Normal Atmosph.	Test 1	Test 2	Test 3	Test 4	Test 5
Carbon Monoxide CO	ppm	400	25	50	0.0					
Carbon Dioxide CO <sub>2</sub>	Vol %	-	0.5	3.0	0.04					
Hydrogen Sulphide H <sub>2</sub> S	ppm	35	10	15	0.0					
Ammonia NH <sub>3</sub>	ppm	50	25	35	0.00					
Sulphur Dioxide SO <sub>2</sub>	ppm	10	2	5	0.00					
Oxygen O <sub>2</sub>	Vol %	MIN - 19.5		MAX - 23.5		20.9				
Methane CH <sub>4</sub> as % LEL	% LEL	A1 - 5		A2 - 10		0.00				
Date (dd/mm/yy)										
Time (24 hour format)										
<b>PASS / FAIL (Print)</b>										
Competent Test Person (Print Name)										
Competent Test Person (Sign Name)										

Tester Comments:

Use of Hazardous Substances / Gases / Hot work (Circle)      Personal Monitor (Circle): CO / O<sub>2</sub> / NH<sub>3</sub> / CO<sub>2</sub> / CH<sub>4</sub> (LEL%) / SO<sub>2</sub> / H<sub>2</sub>S

## PERSONAL PROTECTIVE EQUIPMENT: Refer to attached Job Safety Analysis

## ISOLATIONS REQUIRED: Refer to attached Access Permit / Work Authority

## ADDITIONAL PRECAUTIONS: (Y/N)

Chemicals identified and SDS attached	Smoking prohibited from area
All screens, signs and barricades in place	Safety Critical Equipment Power Sources labelled
Ventilation or Extraction required	Combustible materials remove from worksite
Gas Cylinders Prohibited inside space	Heat Stress Monitoring

List intrinsically safe equipment required:

Detail the communication devices required:

## EMERGENCY RESPONSE PLAN: Describe the procedures that will be used to resolve any emergency situation that may arise

## IN EMERGENCY PHONE :

## CONFINED SPACE EMERGENCY SITUATION:

Engulfment	Atmosphere change	Fall from height	Medical / Injury
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Other Possible Situations:

Description of space including entry/exit points:

## EQUIPMENT REQUIRED: (Circle)

Is Consultation with Emergency Rescue Team Required? Yes / No

Method of Rescue:

External / Internal / Hauling System / Patient Lowering System/Lowering Area / Anchor Overhead / Pre-rigging required

Method of Communication: (Between Rescue Workers / Safety Observer / Entrant)

Phone / Audible Signal / Radio / Visual Signal / Rope Signal / Intercom

**Rescue Equipment Requirements:**

Fire Extinguisher(s) #\_\_\_\_ / Safety Lines / Other Rope/Pulley/Hauling/Harness systems to be detailed in JSA with ERT input

**Additional Requirements:**

Extra Ventilation / Extra Lighting / Respiratory Protection (BA/ELSA) / First Aid Kit / Defibrillator / Diphoterine / Spill Kit

**Summary of Emergency Arrangements:**

Note that where an Emergency Rescue Team (ERT) is identified as being required, they must be contacted and rehearsal of the Rescue Plan must be performed prior to work commencing. The rescue plan must be rehearsed prior to work commencing work.

**Emergency Rescue has been planned, rehearsed where practicable and discussed with the Work Party (Tick to confirm)**

**ISSUE AND ACCEPTANCE OF PERMIT: (Print and Sign)**

AP or WA Recipient to Issue the Confined Space Permit (Issuer):	Date:	Time:
Confined Space Entry Recipient:	Date:	Time:

**CANCELLATION: Confined Space Issuer and Recipient to Complete (Print and Sign)**

- I accept the work defined on this permit has been completed; and
- All persons have left the confined space and further entry prohibited unless a new entry permit is issued.

Confined Space Entry Recipient:	Date:	Time:
Confined Space Permit Issuer:	Date:	Time:

**COMPLETED COPIES TO BE ATTACHED TO THE ACCESS PERMIT OR WORK AUTHORITY AND FILED**

**CONFINED SPACE SIGN ON: To be completed by persons ENTERING the space and Safety Observers (Tick box to identify)**

- I/We understand the procedure required for entry and safe work in the confined space.
- I/We confirm that we hold the current necessary competencies for Work in Confined Spaces.
- I/We have completed a Job Safety Analysis and understand the work task, hazards, precautions and emergency plans.
- I/We agree to abide by all Confined Space Requirements.

ENTRY					EXIT		
Role of Safety Observer (Tick)	Printed Name	Date	Time	Sign	Date	Time	Sign

EXAMPLE ONLY - NOT FOR USE

CHECK YOUR PEAKS / TWA / STEL REGULARLY