

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**

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

**EXIT**

Date	Time	Sign

**EXAMPLE**

*CHECK YOUR PEAKS / TWA / STEL REGULARLY*

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

CHECK YOUR PEAKS / TWA / STEL REGULARLY