

Permit to Work – Confines Space Entry

Property			
Contractor Company			
Contact Name		Contact Number	
Location of Work			
Permit Valid from		Permit Valid to (maximum 7 days period)	
Date & Time		Date & Time	
Description of Works			

Step 1 – Contractor to Complete	Yes	N/A	Comments (for all N/A)
Has a SWMS been completed, signed by workers, and accepted by property management?	<input type="checkbox"/>		
All workers are licensed and trained to enter and perform work within a confined space - competency certificates are attached to SWMS?	<input type="checkbox"/>		
A Rescue Plan has been provided to Centre Management noting that sufficient personnel are available?	<input type="checkbox"/>		
First Aid trained personnel are aware of, will be available and contactable throughout the entire time of confined space work?	<input type="checkbox"/>		
Will hot works be conducted in the space? <i>If "Yes" complete the WHS029D - Hot Works Permit</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Is continuous air monitoring of the space required? <i>If "Yes" has this commenced prior to entry?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Have Hazardous substances required to be taken into the space been risk assessed and copies of the SDS's provided to all workers and the First Aid personnel?	<input type="checkbox"/>	<input type="checkbox"/>	

Personal Protective Equipment (PPE) The following PPE shall be worn by all employees					
<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Air Purifying Respirator
<input type="checkbox"/>	Eye Protectors	<input type="checkbox"/>	Safety Helmets	<input type="checkbox"/>	Supplied- Air Respirators
<input type="checkbox"/>	Hand Protection	<input type="checkbox"/>	Protective Clothing	<input type="checkbox"/>	
<input type="checkbox"/>	Safety belts, harnesses and/or Safety line or Lifeline/rescue line				

Emergency Response Plans	Yes
Are Emergency procedures and equipment detailed in the Safe Work Method Statement?	<input type="checkbox"/>
Is Emergency equipment maintained in accordance with manufacturer requirements?	<input type="checkbox"/>
Is Emergency equipment available all the times during entry?	<input type="checkbox"/>

Step 2 – Services requiring Isolation	Yes	N/A	Comments
Pipelines (Water, Steam, Gas etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Services	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation Services	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical/Electrical Drives	<input type="checkbox"/>	<input type="checkbox"/>	
Lock out and Tag out Process will be implemented for all services isolated	<input type="checkbox"/>	<input type="checkbox"/>	

Step 3 - Contractor to Complete				
Name of Workers	Confined Space Cert. Number	Expiry Date	First Aid Cert. Number	Expiry Date

Permit Review Check			
Step 4 – AMP Representative to Complete	Yes	N/A	Comments (for all N/A)
Has the contractor satisfied the conditions of the permit?	<input type="checkbox"/>	<input type="checkbox"/>	
Has all workers reviewed and signed onto the SWMS?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the contractor been inducted into AMPC health and safety requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
Has all relevant Permits and Forms been completed and accepted by AMPC?	<input type="checkbox"/>	<input type="checkbox"/>	
Has all System Impairments been completed?	<input type="checkbox"/>	<input type="checkbox"/>	

Agreement			
Step 5 - Compliance Agreement by Contractor Conducting the Work:			
Name of Contractor representative			
Signed		Date	
Step 6 - Sign off by AMPC Representative			
<i>Note - this sign off confirms that Centre Management has received the completed Confined Space Entry Permit. It does not imply that the AMPC Representative is a “competent person” regarding the work only that confined space entry has been appropriately assessed by the Contractor before commencement</i>			
AMPC Representative			
Signed		Date	

Step 7 - Confined Space Entry Register			
Record of Attendance Name	Entering / Leaving	Time	Date

Confined Space Post Works			
Step 7 – Contractor to Complete	Yes	N/A	Comments
All workers have exited the Confined Space, and the register has completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Has Rubbish and waste materials been removed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all plant and machinery in a usable condition?	<input type="checkbox"/>	<input type="checkbox"/>	
All Impermeints have been restored and Isolation Locks and Tags removed	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Contractor representative			
Signed		Date	
AMPC Representative			
Signed		Date	