



Thurgoona Training Academy Confined Space Entry Permit

Site:				Persons Entering Confined Space			
				1. Name:			
Location of Work:				Sign in:		Time In:	
				Sign Out:		Time Out:	
Is hot work required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		2. Name:			
Permit Number:				Sign in:		Time In:	
Description of work:				Sign Out:		Time Out:	
				3. Name:			
				Sign In:		Time In:	
Space / Pit Condition?				Sign Out:		Time Out:	
Clean	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Wet	Yes <input type="checkbox"/>	No <input type="checkbox"/>		4. Name:			
Isolation:				Sign In:		Time In:	
Pipelines (water/Steam/Gas)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Sign Out:		Time Out:	
Mechanical	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Stand-By Personnel			
Electrical	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>		1. Name:			
Gas Testing Results:				Sign In:		Time In:	
Combustibles <i>less than 5% LEL</i>	CH₄			Sign Out:		Time Out:	
Oxygen between <i>19.5% & 23.5%</i>	O₂						
Hydrogen Sulphide <i>less than 10ppm</i>	H₂S			2. Name:			
Carbon Monoxide <i>less than 30ppm</i>	CO			Sign In:		Time In:	
Other				Sign Out:		Time Out:	
Gas Detector Used:							
Date of Last Calibration:				Entry Authorisation			
Safety Equipment:				<i>The confined space in my opinion is in a safe condition for the work to be done.</i>			
<i>THE FOLLOWING SAFETY EQUIPMENT MUST BE ON HAND AND USED IN ACCORDANCE WITH CONFINED SPACE PROCEDURES.</i>				Authorising Person			
Ventilator	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Name:			
Gas Detector	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Sign:			
Tripod or Davit Arm	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Date:		Time:	
Pulley/Winch/Safety Rope	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
S.C.B.A	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Exit Authorisation			
Fire Extinguisher	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<i>THE WORK HAS BEEN COMPLETED / SUSPENDED AND ALL PERSONS AND EQUIPMENT HAVE VACATED THE CONFINED SPACE.</i>			
Safety Torch	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Safety Harness	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Supplied Airline	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Authorising Person			
Communication	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Name:			
Emergency Communications	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Sign:			
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Date:		Time:	
CONFINED SPACE PERMIT IS ONLY VALID BETWEEN THE DATES SPECIFIED							
Start Date:				Completion Date:			
Start Time:				Completion Time:			



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NAME	DATE	TIME IN	CYL PRES	TIME OUT	CYL PRES	CONSUMPTION	B.P.M.