

Confined Space Entry Permit

Record hazard checks, gas readings and authorisations before entry. Ensure every confined space job is properly assessed and signed off.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Permit Details

1 Permit number *

2 Date and time permit issued *

3 Permit valid from *

4 Permit valid until *

5 Location of confined space *

6 Description of confined space *

7 Reason for entry *

Personnel

8 Entry supervisor name *

9 Authorised entrant(s) *

10 Standby person name *

11 Standby person contact number

12 Emergency rescue contact *

Hazard Identification

13 What were the previous contents of this space?

14 Potential atmospheric hazards

Select all that apply

Oxygen deficiency

Oxygen enrichment

Flammable
gases/vapours

Toxic gases/vapours

Dust

None identified

15 Potential physical hazards

Select all that apply

Engulfment

Entrapment

Moving machinery

Electrical

Hot/cold surfaces

Falling objects

Poor lighting

Noise

None identified

16 Are there any other hazards specific to this space?

Atmospheric Testing

17 Name of person conducting tests *

18 Testing equipment serial number

19 Date of last calibration *

20 Pre-entry test time *

21 Oxygen level (%) *

22 Lower explosive limit LEL (%) *

23 Carbon monoxide CO (ppm)

24 Hydrogen sulphide H₂S (ppm)

25 Other gas tested (specify)

26 Other gas reading

27 Are all atmospheric readings within safe limits? *

Yes

No

N/A

28 Will continuous monitoring be used during entry?

Yes

No

N/A

Isolation and Lockout

29 Have all energy sources been isolated? *

Yes

No

N/A

30 Is lockout/tagout in place? *

Yes

No

N/A

31 Have all pipelines been blanked or disconnected?

Yes

No

N/A

32 Has the space been drained and/or cleaned?

Yes

No

N/A

33 Isolation method details

Ventilation

34 Is ventilation required?

Yes

No

N/A

35 Type of ventilation

Natural

Forced (mechanical)

Local exhaust

Not required

36 Ventilation equipment details

Personal Protective Equipment

37 PPE required for entry *

Select all that apply

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Hard hat | <input type="checkbox"/> Safety glasses/goggles | <input type="checkbox"/> Face shield | <input type="checkbox"/> Respirator (specify type) |
| <input type="checkbox"/> SCBA | <input type="checkbox"/> Gloves | <input type="checkbox"/> Protective clothing | <input type="checkbox"/> Safety footwear |
| <input type="checkbox"/> Harness and lifeline | <input type="checkbox"/> Ear protection | <input type="checkbox"/> Other | |
-

38 If respirator required, specify type

39 Has all PPE been inspected and is it serviceable? *

- Yes No N/A
-

Rescue and Emergency

40 Rescue equipment available on site *

Select all that apply

- | | | | |
|--|--|-------------------------------|--|
| <input type="checkbox"/> Retrieval system/tripod | <input type="checkbox"/> Lifeline | <input type="checkbox"/> SCBA | <input type="checkbox"/> First aid kit |
| <input type="checkbox"/> Fire extinguisher | <input type="checkbox"/> Communication equipment | | |
-

41 Communication method *

- Radio Voice Hand signals Rope signals
- Other
-

42 Is the rescue team aware of this entry? *

- Yes No N/A
-

43 Nearest hospital or medical facility

44 Emergency procedure understood by all personnel? *

- Yes No N/A

Pre-Entry Checklist

- 45 Has a toolbox talk or briefing been conducted? *
- Yes No N/A
-
- 46 Are all personnel trained for confined space entry? *
- Yes No N/A
-
- 47 Is lighting adequate?
- Yes No N/A
-
- 48 Is the entry/exit point safe and accessible? *
- Yes No N/A
-
- 49 Are barriers or signs in place to warn others?
- Yes No N/A
-
- 50 Is electrical equipment intrinsically safe or suitable for the environment?
- Yes No N/A
-
- 51 Has hot work been prohibited unless separately permitted?
- Yes No N/A

Authorisation

- 52 Entry supervisor signature *

Signature

- 53 I confirm all control measures are in place and it is safe to enter *
- Yes No N/A

- 54 Photo of permit displayed at entry point

Attach file here

Entry Log

55 Entrant name

56 Time in

57 Time out

58 Additional entry records

Permit Cancellation or Extension

59 Reason for cancellation (if applicable)

Work completed

Conditions changed

Emergency

Time expired

Other

60 If extended, new expiry time

61 Extension authorised by

Permit Closure

62 Has all work been completed? *

Yes

No

N/A

63 Have all personnel exited the space? *

Yes

No

N/A

64 Have all tools and equipment been removed? *

Yes

No

N/A

65 Has the space been left in a safe condition? *

Yes

No

N/A

66 Closing comments

67 Permit closed by (name) *

68 Closing signature *

Signature

69 Date and time permit closed *
