Sample Confined Space Permit (written authority) from AS2865.2009

SAMPLE WRITTEN AUTHORITY

(Informative)

GENERAL

Location of Task: .....

Description of Task: .....

.....

.....

.....

RISK CONTROL MEASURES

Isolation

Space needs to be isolated from:

	Location/Method/Type
Water/gas/steam/chemicals	.....
Mechanical/electrical drives	.....
Auto fire extinguishing systems	.....
Hydraulic/electric/gas/power	.....
Sludge/deposits/wastes	.....

Locks and/or tags have been affixed to isolation points Yes/No

Atmosphere

The atmosphere in the confined space has been tested:

Results of test:

Oxygen ..... %

Flammable airborne contaminants ..... %LEL

Other gases:

..... ppm (less than ..... ppm)

..... ppm (less than ..... ppm)

Other airborne contaminants:

.....

.....

.....

The conditions for entry are as marked below:

1. With supplied-air respirator Yes/No
2. Without respiratory protective device Yes/No
3. With escape unit Yes/No

Hot Work

Area clear of all combustibles including flammable airborne contaminants Yes/No

Type of fire prevention equipment required:

.....

.....

Hot work is permitted Yes/No

Personal Protective Equipment

The following safety equipment is required.	Type
Respiratory protective device	.....
Harness/lifelines	.....
Eye protection	.....
Hand protection	.....
Footwear	.....
Protective clothing	.....
Hearing protection	.....
Safety helmet	.....
Personal atmospheric monitoring equipment	.....

Other:

.....

.....

.....

Other Precautions

Warning notices/barricades	Yes/No
Smoking forbidden	Yes/No
All persons have been trained	Yes/No
Intrinsically safe equipment	Yes/No
Select appropriate communication equipment	Yes/No

Other requirements:

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Emergency Response

Emergency response procedures in place	Yes/No
Emergency Equipment available	Yes/No

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Stand-by Persons

Number of stand-by persons required:.....

Names:.....

.....

.....

.....

.....

.....

AUTHORITY TO ENTER

The risk control measures and precautions appropriate for the safe entry and execution of the tasks in the confined space have been implemented and the persons required to enter the confined space have been advised of and understand the requirements of this written authority.

Signed: .....Date: ...../...../..... Time: .....

This written authority is valid until: Date:...../...../.....Time:.....

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PERSONS REQUIRED TO ENTER CONFINED SPACE

I have been advised of and understand the risk control measures and precautions to be observed with the entry and tasks in the confined space.

ENTRY			EXIT		
Name	Date	Time	Name	Date	Time

CANCELLATION OF WRITTEN AUTHORITY

All persons and equipment accounted for: Yes/No
Equipment checked and restored correctly: Yes/No

Signed: ..... Date: ...../...../..... Time: .....

Remarks or comments:.....

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