

PERMIT FOR CONFINED SPACE ENTRY

PF179

1. General

(Describe the location of the work to be undertaken)

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(Describe briefly the work to be undertaken)

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2 Control Measures

2.1 Isolation of Confined Space

(Describe briefly the location and the method used to isolate services in the confined space)

Service	Location and Method
Pipelines (water, steam, gas, etc.)	
Mechanical and electrical drives	
Auto fire extinguishing systems	
Power systems – hydraulic, electrical, gas or power.	
Sludges, deposits or waste	

Locks and tags have been fixed to the means of isolation

Yes ☐

No ☐

2.2 Atmosphere

(Fill in the details below relating to atmospheric conditions. Indicate time of measurement.)

Atmosphere	Acceptable conditions	Result	Time	Result	Time	Result	Time	Result	Time
Oxygen-min	>19.5%								
Oxygen-max	<23.5%								
Flammability	<10% LEL/UEL								
Hydrogen sulphide	<10ppm								
Chlorine	<1ppm								
Carbon monoxide	<30ppm								
Sulphur dioxide	<2ppm								
Other									
Test initials									

2.3 Hot Work

Area clean and free of all readily combustible material

Yes ☐

No ☐

(Describe the type of appropriate fire extinguishers available)

Suitable access and exit

Yes ☐

No ☐

Has the Hot Works Permit – PF220 been completed?

Yes ☐

No ☐

2.4 Personal Protective Equipment

PPE	Type if required
Harness	
Respiratory protection	
Safety helmet	
Communication Equipment	
Eye Protection	
Hand protection	
Footwear	
Hearing Protection	
Protective clothing	
Other	

2.5 Other Precautions

Warning notices and barricades

Yes ☐

No ☐

All staff and contractors have been trained

Yes ☐

No ☐

Is continual air monitoring required

Yes ☐

No ☐

(Describe the other precautions required.)

2.6 Emergency Response

(Describe emergency procedures and equipment)

2.7 Stand-by Personnel and Rescue Arrangements

Stand-by person(s): _____

(Standby personnel requirements)

3 Authority to Enter

Control measures and precautions appropriate for the safe entry and execution of the work in the confined space have been implemented. Staff and contractors required to work in the confined space have been advised of and understand the requirements of this written authority.

Signed (person in direct control):	Date:	Time:
This written authority is valid until	Date	Time

4. Name of Person Permitted to Enter the Space

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

Entry			Exit		
Name	Date	Time	Name	Date	Time

5. Withdrawal of Written Authority

All persons and equipment accounted for.

Yes ☐

No ☐

Equipment checked and stored correctly.

Yes ☐

No ☐

Signed (person in direct control):	Date:	Time:
Remarks or comments		