

Manildra Group Safety Form - Confined Space Permit

MANILDRA GROUP



Emergency Phone Number 000	Evacuation Assembly Point:	Nearest Telephone:
Description of Work:	Location:	
	Associated Work Permit(s):	

Preparation: Confined Space Responsible Person

The following documents accompany this permit	Isolations	Job Duration
Risk Assessment <input type="checkbox"/> Entry Procedure <input type="checkbox"/> Rescue and First Aid Plan <input type="checkbox"/> Preliminary JSEA <input type="checkbox"/> Entry and Exit Log <input type="checkbox"/>	Where possible are isolations positive? Yes <input type="checkbox"/> N/A <input type="checkbox"/> All isolations are complete. Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Estimated Job Duration Hrs
	Communication	Training
	Pre-entry review conducted with the work crew/Standby Person and hazards/controls have been explained <input type="checkbox"/>	Person(s) entering are trained and authorised <input type="checkbox"/> Standby Person is trained and authorised <input type="checkbox"/>

Initial Atmospheric Testing

Is the gas monitor calibration in date? Yes <input type="checkbox"/> No <input type="checkbox"/>				Successful Gas Monitor Bump test has been completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Time	Oxygen (%O ₂)	Flammable gases (LEL)	Carbon Monoxide (ppm)	Hydrogen Sulphide (ppm)	Carbon Dioxide (ppm)	Other gases (Specify)
LIMITS:	Oxygen (19.5 – 23.5%)	Flammable gases (5% LEL)	Carbon Monoxide (30 ppm)	Hydrogen Sulphide (10 ppm)	Carbon Dioxide (2 ppm)	

Work Group List (Persons Entering)

Name	Company	Contact Number	Confined Space Trained? (RII/WH202D Enter and Work in Confined Spaces)
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Confined space standby person			Confined space trained in?
Name	Company	Contact number	RII/WH202D enter and work in CS MSM/WH201 Gas test atmosphere MSM/WH201 Conduct hazard analysis
			<input type="checkbox"/>

Final Checklist

Signage in place <input type="checkbox"/>	Fire Extinguishers in place <input type="checkbox"/>	Area free of trip hazards <input type="checkbox"/>	Break Glass Alarm location confirmed <input type="checkbox"/>
Danger Barricade in place <input type="checkbox"/>	Temperature safe to enter <input type="checkbox"/>	Communication method tested <input type="checkbox"/>	
<i>I have implemented all control measures detailed in the Confined Space Entry Procedure and the Rescue and First Aid Plan. I have explained the hazards and controls of the Confined Space to the Work Group List above and authorise the work to proceed.</i>			
Name:	Phone:	Date:	Time:
			Sign:

Standby Person

<i>I understand the confined space entry procedure requirements. I will remain present at the confined space at all times and maintain the Confined Space Entry and Exit Log</i>				
Name:	Phone:	Date:	Sign On:	Sign Off:
Name:	Phone:	Date:	Sign On:	Sign Off:

Permit Closure (Confined Space Responsible Person)

<i>Work has now finished, all persons have exited the confined space, all isolations have been removed and the site is OK to return to normal service</i>			
Name:	Sign:	Date:	Time: