CONFINED SPACE ENTRY

Project Address			
Exact Location on Site			
Evaluator's Name			
Signature			
Date		**Time**	

This checklist must be used prior to entering any confined space to determine whether a permit is required.

		Yes	No
1.	Your survey of the surrounding area shows it to be free of hazards such as vapours from tanks, vehicles or motors, piping or sewers, combustible materials / debris etc.?	☐	☐
2.	Your knowledge of the space's contents, industrial or other discharges, and mechanical or electrical systems indicates this area is likely to remain free of dangerous air contaminants and other hazards while occupied?	☐	☐
3.	The work to be performed in the space will not create a hazardous atmosphere or condition.	☐	☐

If you answered "**No**" to any of the statements above, you must complete the bottom portion of this checklist and obtain a permit from your Team Leader before proceeding.

A "**Yes**" response to all statements indicates that this is a "Non – Permit Required Confined Space" and you may proceed with the entry.

		Yes	No
4.	Have you been trained in the operation of the gas monitor to be used?	☐	☐
5.	Has a gas monitor functional bump test been performed this shift on the gas monitor to be used?	☐	☐
6.	Did you test the atmosphere of the confined space prior to entry?	☐	☐
7.	Did the atmosphere check as acceptable (no alarms given)?	☐	☐
8.	Will the atmosphere be continually monitored while the space is occupied?	☐	☐

If you answered "No" to any of questions 4 to 8:

DO NOT ENTER

Contact your supervisor for further instruction.

If you answered "Yes" to all statements above, proceed to the "Confined Space: Permit to Entry"

NOTES:

CONFINED SPACE ENTRY

DURATION OF PERMIT					
Date:		**Start time:**		**Finish time:**	
Description of confined space (tanks, sewer, duct work, combustion chamber etc.):					
Description of work to be undertaken:					
Description of service isolations:					
Make & model of atmosphere monitor:		**Calibration due date:**			

CONTROL MEASURES	Yes	No	N/A
1. Are there suitable and sufficient risk assessments and method statements to ensure the work is undertaken in accordance with relevant legislation available?	☐	☐	☐
2. Check the atmosphere around the entrance to the confined space for concentrations of hazardous gases. **If detected DO NOT ENTER.**	☐	☐	☐
3. Check the atmosphere within the confined space for concentrations of hazardous gases. **If detected DO NOT ENTER.**	☐	☐	☐
4. A SAFETY OBSERVER WILL BE PRESENT FOR THE DURATION OF THE WORK	☐	☐	☐
5. A COMMUNICATION SYSTEM FOR WORKING IN THE SPACE WILL BE ESTABLISHED.	☐	☐	☐
6. Emergency procedures are in place and staff competent in their use.	☐	☐	☐
7. Adequate levels of ventilation present in the confined space	☐	☐	☐
8. Barriers are in place to protect the entrance of the confined space	☐	☐	☐
9. Provide and erect adequate warning signs	☐	☐	☐
10. Adequate lighting is provided within the space	☐	☐	☐
11. Artificial lighting if used, must be 24 volts	☐	☐	☐
12. Are those entering the space wearing safety harnesses?	☐	☐	☐
13. Are those entering the space wearing breathing apparatus?	☐	☐	☐
14. The exit to the space will be kept clear at all times during the work	☐	☐	☐
15. Details of additional control measures if necessary:			

To be completed by the representative responsible for supervising the work (prior to commencement)

I have completed / read the details of the above permit and agree to ensure that all persons under my supervision will work in accordance with the conditions outlined above. I understand that I must also return this permit to the authorised person on completion of the work.

Name		**Date**		**Signature**	
Position		**Time**			

Permission to enter the confined space is given by (EDC authorised person)

Name		**Date**		**Signature**	
		Time			

After completion of the work (by person carrying out the work)

I certify that the work, for which this permit was issued, is now completed. All personnel under my control have been informed that they may no longer work in the area detailed above.

Name		**Date**		**Signature**	
		Time			

Permit revoked by (EDC authorised person)

Name		**Date**		**Signature**	
		Time			