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|  | **CONFINED SPACE ENTRY PERMIT** | **Form CSEP** |

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| **Site Address:** |  | **Job No:** |  |

**Permit No.:** ………………………………  **Risk assessment attached:** Yes No

**Location of work:** ……………………………………………………………………………………………………………………………..…

**Description of work:** …………………………………………………………………………………………………………………………..

**Control measures:** Space needs to be isolated from: ………………………………………………………………………….

**Location/method**

Water/gas/steam/chemicals: ………………………………………………………………………………………………………….…..

Mechanical/electrical devices: …………………………………………………………………………………………………………….

Auto fire extinguishing system: ……………………………………………………………………………………………………………

Hydraulic/electric/gas/power: …………………………………………………………………………………………………………….

Sludge/deposits/wastes: …………………………………………………………………………………………………………………..…

Lockouts/tags fixed to isolation points: …………………………………………………………………………………………….…

Other: ……………………………………………………………………………………………………………………………………………….…

**Atmosphere:** The atmosphere in the confined space has been tested: Yes/No. Results are:

Oxygen …………..% Flammable gas..……%LEL H2S…………ppm CO …….……ppm

The conditions for entry are as follows:

Air supplied respiratory protection: Yes/No Type: ……………………………………….……………………………………..

Other respiratory protection ……………………………………………………………………………………………………………….

Escape respiratory device: Yes/No Type: ……………………………………………………………………………………………..

**Allowable oxygen range – 19.5 to 23.5% Flammable gas – 5%LEL H2S – 10ppm Carbon monoxide – 50ppm**

**Personal protective equipment:** The following PPE shall be worn as nominated:

Respiratory protection: ……………………………………………………………..………………………………………………………..

Harness/lifeline: ……………………………………………………………………………………………………………………………….…

Footwear: ……………………………………………………………………………………………….…………………………………………..

Protective clothing: ……………………………………………………………………………………………………………………………..

Hearing protection: ……………………………………………………………………………………………………………………………..

Safety helmet: …………………………………………………………………………………………………………………………………….

Communication equipment: ………………………………………………………………………………………………………………..

Other: ……………………………………………………………………………………………………………………………………………….…

**Other precautions:**

Warning notices: Yes/No Smoking prohibited: Yes/No All persons trained: Yes/No

Ventilation equipment …………………………………………………………..…………………………………………………………...

**Emergency response:**

A plan has been developed: Yes/No The plan has been rehearsed: Yes/No

Emergency equipment available: Yes/No Procedures and equipment are:

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**Hot work:**

Area clear of all combustibles including atmosphere: Yes/No

Appropriate fire prevention equipment available: Yes/No

Suitable access and exit: Yes/No Hot work permit issued: Yes/No

**Stand-by personnel:**

Person/s name: ………………………………………………………………………………………………………….………………..

Requirements are: ……………………………………………………………………………………………………………………….

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

Signed: ………………………………………………………………….………………………………………. (Person in control)

Signed: …………………………………………………………………………………………………………….. (Entrant)

Signed: ………………………………………………………………………………………………………….…. (Entrant)

Signed: ………………………………………………………………………………………….………………. (Stand-by person)

Signed: ……………………………………………………………………………………………………….…. (Stand-by person)

Date: …./…./…… Time: ……am/pm

This permit is valid until: Date: …./.…/…… Time: ……am/pm

**Persons entering the confined space:**

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

**Entry** **Exit**

Name Date Time Name Date Time

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**Withdrawal of authority to enter:**

All persons and equipment accounted for: Yes/No

Equipment checked and restored correctly: Yes/No

Signed: ………………………………….………..…. (person in control) Date: .…/…./…..… Time…… am/pm

Comments: …………………………………………………………..………………………………………………………………………

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