

# CONFINED SPACE ENTRY PERMIT

If you are required to enter a space and answer YES to questions 1 – 5 or question 6 you are required to obtain a confined space entry permit.

The space is an enclosed or partially enclosed space that:		YES
1.	Is at atmospheric pressure when anyone is in the space; and	<input type="checkbox"/>
2.	Is not intended or designed primarily as a workplace; and	<input type="checkbox"/>
3.	Could have restricted entry to, or exit from, the place; and	<input type="checkbox"/>
4.	Is, or is likely to be entered by a person to work; and	<input type="checkbox"/>
5.	At any time contains, or is likely to contain, any of the following: <ul style="list-style-type: none"> <li>• An atmosphere that has potentially harmful levels of oxygen; or</li> <li>• A flammable, toxic or otherwise dangerous atmosphere that could engage a person's senses.</li> </ul>	<input type="checkbox"/>
6.	Contains or is likely to contain any of the following: <ul style="list-style-type: none"> <li>• A flammable, toxic or otherwise dangerous atmosphere that could engage a person's senses.</li> </ul>	<input type="checkbox"/>



SAMPLE

ORDER NOW AND GET FULL ACCESS

This Confined Space Entry Permit must be prominently displayed where the work is being performed.

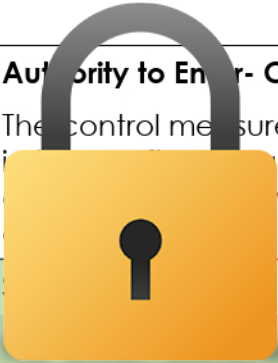
Completed by			
Person in Charge			
Location of Work			
Description of Work			
Reason for Entry	<input type="checkbox"/> Atmospheric testing <input type="checkbox"/> Other <input type="checkbox"/> Other		
Work Scheduled by			
Has Assessment been Reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confined Space Entry Log			
	Location Method		Location Method
<input type="checkbox"/> Visual / Thermal		<input type="checkbox"/> Change / Thermal / Visual	
<input type="checkbox"/> Atmospheric / Visual / Thermal		<input type="checkbox"/> Change / Thermal / Visual / Atmospheric	
<input type="checkbox"/> Atmospheric / Visual / Thermal		<input type="checkbox"/> Change / Thermal / Visual / Atmospheric	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Procedures			
<input type="checkbox"/> Working with gas / Both sides have been tested		<input type="checkbox"/> Working with gas / Both sides have been tested and all completed	



BEGIN			FINISH		
Name	Date	Time	Name	Date	Time

**Authority to Enter - Completed by the person in direct control of the workplace**

The control measures and precautions proposed for safe entry and execution of the work have been reviewed and approved by the person in direct control of the workplace. The control measures and precautions have been reviewed and approved by the person in direct control of the workplace.



**SAMPLE**

**ORDER NOW AND GET FULL ACCESS**

**Authority to Enter - Completed by the person entering or exiting the confined space**

These spaces indicated on the confined space to be entered and to be understood the person who is the person who will enter from within the confined space.

ENTER			EXIT		
Name	Date	Time	Name	Date	Time

**Declaration of Worker Authority**

I declare that the confined space has been entered.

I declare that the equipment and materials are removed from the confined space.

<b>Signature</b>	<b>Date</b>	<b>Time</b>
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**Comments**