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| **Confined Space - PTW Number / WO Number:** |  |

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| **Section 1 – Confined Space Details** | | | | | | | | |
| **Description of Confined Space:** | | | |  | | | | |
| **Specific PBPL Area / Location:** | | | |  | | | | |
| **Potential hazards:** | | | |  | | | | |
| **Work activity title:**  (As per the Work Activity Risk Assessment) | |  | | | | | | |
| **Nature of work to be undertaken:**  (Reason for entry) | |  | | | | | | |
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| **Section 2 – Entry Permit Requirements** | | | | | | | | |
| **Isolation Controls:** | | | | | | | | |
| **Space needs to be isolated from:** | | | | | **Yes** | **No** | **If Yes, a Plant Isolation Control Form must also be**  **completed and implemented as part of this**  **Confined Space Entry and/or work** | |
| Water / Gas / Steam / Chemicals | | | | |  |  |
| Mechanical / Electrical drives | | | | |  |  |
| Hydraulic / Electric / Gas / Power | | | | |  |  |
| Sludge / Deposits / Wastes | | | | |  |  |
| Auto fire extinguishing systems | | | | |  |  |
| Other: | | | | |  |  |
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| **Purging, Ventilation & Atmospheric Monitoring Controls:** | | | | | | | | |
| **Space requires the following:** | | | | | **Yes** | **No** | **Must provide details regarding atmospheric controls to be used:** | |
| Depressurisation | | | | |  |  |  | |
| Opening / venting | | | | |  |  |  | |
| Continuous purging / extraction | | | | |  |  |  | |
| Atmospheric Testing | | | | |  |  |  | |
| **Atmospheric testing required for:** | | | | | | | **Type of testing / monitoring required:**  Initial only – Prior to entry and each subsequent day  Continuous for atmospheric contaminants  Continuous for flammable contaminants | |
| *O2* | *H2S* | | | | | |
| *CO2* | *NH3* | | | | | |
| *CO* | *LEL* | | | | | |
| *Other :* | | | | | | |
|  | | | | | | | | |
| **Communication & Stand-by Controls:** | | | | | | | | |
| **Minimum requirements will include:** | | | | | **Yes** | **No** | **Provide clarifying details as required:** | |
| One stand-by person | | | | |  |  |  | |
| Two/more stand-by persons | | | | |  |  |  | |
| Rescue team | | | | |  |  |  | |
| Communication via voice / direct sight | | | | |  |  |  | |
| Communication via radio | | | | |  |  |  | |
| Communication via hand signals / other means | | | | |  |  |  | |
|  | | | | | | | | |
| **Rescue / Retrieval Considerations:** | | | | | | | | |
| **Minimum provisions required:** | | | | | **Yes** | **No** | **Provide additional clarifying details – specifically for complex scenarios:** | |
| Stand-by person | | | | |  |  |  | |
| Safety harness/rescue kit in vicinity with competent user(s) | | | | |  |  |  | |
| Specific access platforms/scaffolding erected | | | | |  |  |  | |
| Specific fire fighting provisions | | | | |  |  |  | |
| First aid kit in vicinity | | | | |  |  |  | |
| Exactly how will the alarm be raised and by whom? | | | | |  |  |  | |
| What kind of emergencies are contemplated? | | | | |  |  |  | |
| **Confined Space - PTW Number / WO Number:** | | | | |  |

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| Is the appropriate first aid equipment available for immediate use? |  |  |  |
| Are rescuers properly trained, sufficiently fit to carry out their task and capable of using any equipment provided for rescue |  |  |  |
| Have prior arrangements been made with local emergency services to ensure they are able to respond in a reasonable time and have the specialist confined space retrieval equipment and readily available? |  |  |  |
| Other: |  |  |  |
| Attachments (other documents/plans, etc)? |  |  |  |

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| **Personal Protective Equipment (PPE) Requirements & Other Precautions** | | | |
| Minimum PPE / other items required: | **Yes** | **No** | **Provide clarifying details as required:** |
| Supplied air breathing apparatus |  |  |  |
| Air purifying respirator |  |  |  |
| Particulate mask |  |  |  |
| Safety harness and lanyard / lifeline |  |  |  |
| Head protection |  |  |  |
| Face shield / goggles / safety glasses |  |  |  |
| Ear muffs / plugs |  |  |  |
| Gloves |  |  |  |
| Warning notices / barricades required |  |  |  |
| Specific lighting provisions required |  |  |  |
| Specific hot work controls required |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| Attachments (other documents/plans, etc) |  |  |  |

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| **Section 3 – Implementation** | | |
| **Atmospheric Testing / Monitoring Guide:** | | |
| **Atmospheric Issue** | **Safe Level** | **Caution (entry during emergency response / with additional controls only)** |
| Oxygen | > 19.5 % and up to 23.5% | < 19.5% need positive pressure supplied air breathing apparatus. |
| Contaminants:  CO  H2S  CO2  NH3  Other | < 30 ppm  < 10 ppm  < 5000 ppm  < 25 ppm  As per specific exposure standards | Generally, positive pressure supplied air breathing apparatus may be worn at levels approaching and slightly over the exposure standard as determined necessary as part of Risk Assessment and control measure implementation. |
| LEL | < 5% | > 5% and up to 10 %  Entry permitted in emergency response. However, if during work the level rises to above 5% and up to 10%, persons are to evacuate, unless a suitably calibrated combustible substance detector is used at all times while people are in the space. |
| *For other contaminants not listed, specific monitoring devices and pre-work planning will be required to ensure safe entry / work.* | | |
| **Bump Test Certificate:** | | |
| ***PLEASE ATTACH HERE IF AIR MONITOR PRODUCES A BUMP TEST CERTIFICATE***  ***(if applicable)*** | | |

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| **Confined Space - PTW Number / WO Number:** |  |

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| **Atmospheric Test Results:** | | | | | | | | | | | | |
| **When** | | **Atmospheric Test Results** | | | | | | | **Verification** | | | |
| **Date** | **Time** | **O2** | **CO** | **H2S** | | **LEL** | **CO2** | **NH3** | **Meter Number** | | **Entry Permitted**  **(Yes / No)** | **Name of Competent Tester** |
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| **The atmosphere in the space is safe to enter:** (tick appropriate box) | | | | | | | | | | | | |
| Without respiratory protection | | | | | With an air purifying device | | | | | With a supplied-air device | | |

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| **Section 4 - Entry Authorisation** *(On-Site Supervisor in Direct Control)* | | | | | | | | | | | | | | | | |
| The procedures, control measures and precautions appropriate for the safe entry &/or execution of work in this confined space have been implemented and the persons required to work in the confined space have been advised of and understand the requirements of the Risk Assessment and this Control Form. | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | **Signature:** | |  | | **Date:** | | |  | | **Time:** |  |
| **Constraints:** | | This Entry Authorisation is valid until the following occurs, or the date and time shown: | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Date:** | | |  | | **Time:** |  |
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| **Section 5 – Standby Person** | | | | | | | | | | | | | | | | |
| As the Standby Person of the confined space I certify that:  I understand the procedures entry and work in the confined space and have had all the criteria of the confined space permit explained to me by the Permit Issuer. I acknowledge to comply with the provision of the permit at all times for the duration of the confined space work. | | | | | | | | | | | | | | | | |
| **Sign On** | | | | | | | | | **Sign Off** | | | | | | | |
| **Print Name (First & Last)** | | | **Date** | | **Time** | | **Signature** | | **Date** | | **Time** | | | **Signature** | | |
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| **Confined Space - PTW Number / WO Number:** | | | | | | | |  | | | | |

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| **Section 6 - People Entry and Exit** | | | | | | | | | | | | | |
| I the undersigned hereby acknowledge that I understand the procedures, control measures and precautions to be observed with the entry &/or work and exit involved with this confined space. I will endeavour to comply with these requirements at all times and report any new/unforeseen hazards that present a risk to health or safety. I understand that this sign on also represents a sign on to the overall Permit To Work that this Confined Space Entry is part of. | | | | | | | | | | | | | |
| **Sign On** | | | | | | | **Sign Off** | | | | | | |
| **Print Name (First & Last)** | | **Date** | **Time** | | **Signature** | | **Date** | | **Time** | | **Signature** | | |
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| **Section 7 - Withdrawal of Entry Authorisation** *(On-Site Supervisor in Direct Control)* | | | | | | | | | | | | | |
| All persons and equipment have been accounted for and the equipment and confined space have been restored correctly and safely. The Risk Assessment, Permit To Work, and this Control Form must be returned to the PBPL Authorised Person. | | | | | | | | | | | | | |
| **Name:** |  | | | **Signature:** | |  | | **Date:** | |  | | **Time:** |  |
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