

BP ANZ

Confined Space Entry Permit

BPD02025



BP ANZ CONFINED SPACE ENTRY PERMIT

NOTE: This permit does not authorise any work to be carried out. A separate work permit must be issued.

Permit Set:

Issued to:

Company: Recipient:

Location: TRA No:

Description of confined space:

Gas test certificate no.: Repeat tests how often:

SAFETY CHECKLIST (State in column YES, NO or NA. All lines must be filled in.)

CHECK	Y/N/NA	DETAILS BELOW	CHECK	Y/N/NA	DETAILS BELOW
O. Has a safety induction been done?			4. Fire protection checked/ in place? List.		
A. Have plant and equipment been thoroughly:			5. Warning notices, locks and tags been fixed to means of isolation?		
1. Depressurised			6. Fully equipped rescue team on standby?		
2. Drained and checked for leakage			7. Lifting gear & harness in position?		
3. Isolated - By Blanking			8. Emergency communication agreed & standby personnel instructed?		
- By Disconnection			9. Persons entering are trained for entry & in use of respiratory equipment?		
4. Steamed			10. C.S. Entry record board at entrance?		
5. Water Flushed			C. Is access and exit provided?		
6. Ventilated - Natural			D. "Lead" precautions necessary/taken?		
- Mechanical			E. Electrical equipment been isolated and tagged?		
B. 1. Are sewers, pits & drains and contaminated ground within 15m of worksite rendered safe?					
2. Combustible material removed & leaks controlled? Product movement stopped?					
3. Air contamination sources identified and controlled?					

PERSONAL PROTECTION REQUIRED (Tick where relevant.)

Eyes	Ears	Hands	Feet	Breathing	Body - Other
<input type="checkbox"/> Goggles	<input type="checkbox"/> Ear Protection	<input type="checkbox"/> PVC Gloves	<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Canister Mask	<input type="checkbox"/> Safety Harness <input type="checkbox"/> Overalls
<input type="checkbox"/> Shield		<input type="checkbox"/> Gloves	<input type="checkbox"/> Rubber Safety Boots	<input type="checkbox"/> Air Supplied Respirator	<input type="checkbox"/> PVC Suit <input type="checkbox"/> Hard Hat
<input type="checkbox"/> Safety Glasses		<input type="checkbox"/> Gauntlets			<input type="checkbox"/> Other, Specify:

SPECIAL INSTRUCTIONS:

This permit to be read in conjunction with work permit

ELECTRICAL ISOLATION BY: APPROVED BY:

RE-ENDORSEMENT OF PERMIT TO BE BY: DAILY/HOURLY

AUTHORISATION TO CARRY OUT WORK

I certify that the above equipment/site is safe for entry by nominated persons subject to the specified requirements:

Issued by: Name: Tel No: Signature:

Countersigned by: Name: Signature:

Permit Valid From Date / / am/pm To Date / / am/pm

I understand the nature of the work and certify that the above conditions will be observed at all times and received by:

Contractor/Employee: Name: Signature: / /

WORK COMPLETED

Contract/Employee: Signature: Date: / / am/pm

WORK HAND BACK

Site Representative: Signature: Date: / / am/pm

DISPLAY OF PERMIT

- ORIGINAL COPY – SHALL BE CLEARLY DISPLAYED AT THE WORK SITE WITH CONTRACTOR/EMPLOYEE PERFORMING WORK.
- SITE REPRESENTATIVE COPY TO BE GIVEN BY HAND TO THE SITE REPRESENTATIVE.
- ISSUERS COPY TO BE KEPT BY THE PERSON ISSUING THE PERMIT.
- UPON COMPLETION OF WORK AND ACCEPTANCE, THE CONTRACTOR/EMPLOYEE SHALL SIGN AND HAND BACK PERMIT TO THE SITE REPRESENTATIVE FOR CLOSE-OUT.

PERMIT ISSUE

Permits are to be issued by a person to whom the authority has been delegated. They may be issued by non plant staff with delegated authority in which case they shall be countersigned by Site Representative.

PERMIT VALIDITY

If work period exceeds one shift the permit must be re-endorsed below at each shift change, and at least daily, and any change of work control by either the Issuing Authority or the Recipient prior to the commencement of work.

NOTE: Ensure Gas Test Certificate is re-endorsed

Re-endorsed by:	Date: / /
Name	Signature
Person Authorised to Re-endorse	
Name	Signature
Recipient	

Re-endorsed by:	Date: / /
Name	Signature
Person Authorised to Re-endorse	
Name	Signature
Recipient	

Re-endorsed by:	Date: / /
Name	Signature
Person Authorised to Re-endorse	
Name	Signature
Recipient	

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Recipient	

Re-endorsed by:	Date: / /
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Person Authorised to Re-endorse	
Name	Signature
Recipient	