



A.B.N. 43 009 438 073  
AU07899

# CONFINED SPACE ENTRY PERMIT

AUSTRALIAN AIRCONDITIONING  
SERVICES PTY. LTD.  
42 INDUSTRY STREET  
MALAGA WA 6090

TELEPHONE: (08) 9209 2520  
FACSIMILE: (08) 9209 2530  
Email: [aas@aust-aircon.com.au](mailto:aas@aust-aircon.com.au)  
Web: [www.aust-aircon.com.au](http://www.aust-aircon.com.au)

## Confined Space Entry Permit (7 Pages)

All details of this permit must be signed by (a) qualified person(s) in the spaces indicated.

Site: .....

### Identification:

Employer Name: .....

Employee Name(s): .....

### Work to be undertaken:

Description of tasks to be performed:

.....  
.....  
.....

Initiator of tasks: .....

Date: ...../...../.....

### Stand-by Personnel, Rescue And First Aid Arrangements:

(All boxes to be ticked before entry)

- Emergency procedures are understood and have been posted for use if necessary.
- First aid trained personnel are aware of, and will be fully available and contactable throughout entire time of, confined space work.

### First Aid Qualifications:

Name: .....has been engaged.

Name: .....has been engaged.

Name: .....has been engaged.

Qualified Person's Name: .....

Signature: .....

Form	OSHfap8	1/7
Rev	A	3 Jan 12

**CONFINED SPACE ENTRY  
PERMIT**

**Hazards Likely to be Encountered:**

List of probable hazards:

.....  
.....  
.....  
.....  
.....  
.....  
.....

**Atmospheric Test Requirements:**

(All boxes to be ticked prior to entry)

- The atmosphere has been tested (using a toxic gas monitor) to ensure no lack of (less than 19.5%) oxygen exists in this space.
- The atmosphere has been tested (using a toxic gas monitor) to ensure no excess (an amount greater than 30 ppm) carbon monoxide exists in this space.
- The atmosphere has been tested, and the test equipment calibrated to ensure no oxygen deficiency or excess flammability and/or explosive levels are present, and for the following contaminants:

Contaminants	Test Results

Is continuous monitoring of the air in this space required?

**YES**     

**NO**     

Form	OSHfap8	2/7
Rev	A	3 Jan 12

**CONFINED SPACE ENTRY  
PERMIT**

If YES this process of continuous monitoring has begun prior to entry.

The confined space is safe to enter under the conditions ticked below:  
(Please tick one or more of the following).

- With an air supplied respiratory protective device.
- With an air purifying (non-air supplied) respiratory protective device.
- Without a respiratory protective device.

Date: ...../...../..... Time: .....a.m./p.m.

Qualified Person's Name: .....

Signature: .....

**Precautions:**

These precautions have been taken:  
(Please tick all of the following prior to entry.)

- Warning notices and barricades are positioned appropriately.
- Smoking has been prohibited in the confined space area.

Special precautions, which have been implemented, include:  
.....  
.....

**Isolation of Confined Space:**

These items have been isolated or made safe:  
(Please tick all of the following before entering)

- Pipelines (water, steam, gas, etc.).
- Electrical services.
- Radiation services.
- Harmful materials.
- Warning notices/locks/tags have been fixed to means of isolation.
- Mechanical/electrical drives.

Qualified Person's Name:.....Signature: .....

Form	OSHfap8	3/7
Rev	A	3 Jan 12

**CONFINED SPACE ENTRY  
PERMIT**

**Personal Protective Equipment (PPE):**

The following PPE shall be worn by all employees:  
(Tick all appropriate boxes.)

- Supplied-air respirators.
- Air purifying respiratory protective devices.
- Safety belts, harnesses and/or safety line or lifeline/rescue line.
- Eye protectors.
- Hand protection.
- Feet protection.
- Protective clothing.
- Hearing protection.
- Safety helmets.

Qualified Person's Name: .....

Signature: .....

**Use of Chemical Agents:**

No chemical agent other than those listed below may be taken into the confined space.

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

**Hot Work:**

Is hot work permitted inside the confined space?

**YES**                        **NO**                   

Form	OSHfap8	4/7
Rev	A	3 Jan 12

**CONFINED SPACE ENTRY  
PERMIT**

If YES the precautions ticked below are to be observed:

- Areas clean and free of combustible materials within 15 metres.
- All drains within 15 metres covered with a water proof fire blanket.
- Appropriate fire extinguishers on site near source(s) if ignition.
- A water hose runs to work site and is left running.
- Welding machines/gas cylinders positioned.....  
(no less than 8 metres from any drain)
- Welding machine earthed directly to equipment being welded as close to welding point as possible.
- All sparks from work more than two metres above the ground confined by an appropriate enclosure, which shall be inspected before beginning work.
- Power leads not draped across pipelines or access.
- Electrical trace on pipes isolated.

Qualified Person's Name: .....Signature:.....

**Authorisation:**

I believe that activity in the confined space above is safe provided the precautions set out are implemented at all times. The work carried out in this area will be supervised and checked by the nominated Supervisor.

Qualified Person's Name: .....Signature: .....

Date: ...../...../..... Time: .....a.m./p.m.

Valid until:  
Date: ...../...../..... Time: .....a.m./p.m.

Form	OSHFap8	5/7
Rev	A	3 Jan 12

**CONFINED SPACE ENTRY  
PERMIT**

**Record of Attendance:**

Each time anyone enters or leaves the premises this part of the form must be used:

Name	Entering/Leaving	Time	Date

**Signing Out:**

All persons have left the premises and further entry is not permitted unless a new entry permit is obtained and signed.

Qualified person's Name: .....

Signature: .....

**Upon Suspension of Work**

All persons and equipment have been withdrawn from the confined space due to:

- Accident involving injury occurring.
- Atmosphere unsuitable to continue work in.
- Plant/machinery unsuitable for work to proceed.
- Other: .....  
.....  
.....

Therefore work shall not continue until an assessment of the space has been carried out and a new entry permit issued.

Qualified Person's Name: .....

Signature: .....

Form	OSHFap8	6/7
Rev	A	3 Jan 12

**CONFINED SPACE ENTRY  
PERMIT**

**Upon Completion of Work:**

All persons and equipment have been withdrawn from the confined space as the work has been completed.

Is the plant/machinery in useable condition?

**YES**                                  **NO**           

Qualified Person's Name: .....

Signature: .....

**Upon acceptance of completed job:**

I accept that the work specified above in this permit has been completed.

Qualified Person's Name: .....

Signature: .....

Date: ...../...../.....

Time: ..... a.m./p.m.

Form	OSHFap8	7/7
Rev	A	3 Jan 12