Brookfield

Permit #:	

10.2.WH.I.RC.Permit - Confined Space Entry March 2018

Contractor Part 1 – Contractor's onsite responsible person for Confined Space Entry work is to complete this part of the permit					is to	
Site Name:	Site Address:			Permit #		
Contractor:	Contractor: Contact Phone No:					
Company/Business	Name performing the C	Confined Space Entry	works ("the Contracto	r"):		
1	/December of October	0				
Location/Zone/Area	n/Description of Confined	Space:				
Description of work	to be carried out:					
·						
Confined Space En	trants:					
1. Name:		Signature:			_	
2. Name:		Signat	ure:		-	
3. Name:	lame:Signature:		_			
Confined Space Training Certificate/s viewed for all entrants above:						
Stand By Personne	I/Attendants:					
4. Name:		Signature:		_		
5. Name:		Signature:		_		
1. Name:		Signature:		_		
Communication arra	angements:					
-	ask and site specific Ri ment plan has been pro					
Workers have provided confined space entry training certificate						
I certify that rescue and emergency procedures are understood by all staff undertaking the work						
Name:Signature:						
Date permit is valid	for:	Permit Time In/Out:		# of workers:		
Isolation (The items ticked have been isolated or made safe) Safety (Purging and ventilation measures			es			
☐ Pipelines (water	Pipelines (water, steam, das, etc)		listed have been implemented) Purging – Flush and Vent			
☐ Electrical Servic	es		☐ Ventilation			
☐ Mechanical/elec	Mechanical/electrical drives		☐ Secure Area			
☐ Sludge/Deposits/Waste		☐ Continuous Ventilation of Space Required				

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☐ Radiation Services			Other	(Please Spec	eify)
☐ Harmful materials					
☐ Warning notices, lockout devices or					
☐ Harmful materials tags have beer	fixed at isolation	n point			
Atmospheric Test Requirements tested for)	(The test equipr	ment has t	peen calibra	ated and the a	atmosphere has been
Oxygen level (19.5 < > 23.5%)	Level	Testing D	Date / Time		Initial
☐ Carbon Monoxide (<30ppm)	Level	Testing D	Date / Time		Initial
☐ Combustibles - Flammable	Level	Testing D	Date / Time		Initial
airborne contaminant (<5% LEL)	Level	Testing F	Date / Time		Initial
Without continuous monitoring					
☐ Combustibles -Flammable	Level	Testing D	Date / Time		Initial
airborne contaminant (<10% LEL)					
With continuous monitoring					
Atmospheric contaminants					
The atmosphere is safe for entry under the Additional Monitoring Requirements			ents		
conditions indicated				oring for atmos	spheric
☐ With supplied air respiratory protective device		contaminants Continuous monitoring flammable gas detector			
With an air purifying (non-air supplied respiratory) device		Continuous monitoring naminable gas detector			
☐ Without a respiratory protective device					
Details of any Chemicals to be use	ea:				
No chemical agents other than those listed may be taken into the confined space – All SDS are to be provided.					
Personal Protective Equipment					
☐ Air purifying respiratory protective	devices	☐ Prot	tective Cloth	ning	
Safety Harness and/or safety line lifeline/rescue line	or		ring Protect	ion	
Eye Protection			ety Helmet		
☐ Gloves Hand Protection			ety Boots		and in mostation
Other (Please Specify)			•		es are in position
Specify other precautions (Please	e specify)		OKING IS P	ROHIBITED	

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Hot Work				
Area clean and free of all readily combustible material within 15 metres	☐ Welding machine earthed directly to equipment being welded as close to welding point as possible			
All drains within 15 metres are covered with wet fireproof blanket	Power leads not draped across pipes or access ways			
All sparks from work more than 2 metres above ground are contained completely by a suitable enclosure	☐ Electrical trace on pipes isolated, hot work is/is not permissible inside the space			
☐ Welding/gas cylinders (not with 8 metres of any drain)	☐ Need for a fire watcher			
☐ A water hose run to job facility and tested/left on				
Permi	it Approval			
I certify all documents have been reviewed and tests carried out by: Contractor Name (responsible person)				
Brookfield Part 2 – Permit Authorisatio	n			
completed prior to confined space entry and authorisation of this permit e.g. evidence of training, SWMS and risk assessments etc. have been received and reviewed. Entry to confined space areas is permitted by: Brookfield Facilities Manager				
Contractor Part 3 – Permit Completion				
Staff Sign In / Sign Out				
1. Sign In	1. Sign Out			
3.	3.			
4.	4.			
Competent Person to confirm signing out of contractor staff: (Sign)				
Permit reviewed by: (Brookfield Staff)	Date / Time			
This section to be completed and the permit returned on the completion of the works conducted				
Work was completed: Time/Date	Work site checked: Time/Date			
I certify that the area where the work was conducted is now safe and able to resume normal operation Name of competent person Signature				

SWMS along with Management Plans (complete with emergency management and contingency planning) must be provided to the Facilities Manager prior to meeting approval for the permit.