



Document Type
 HSE OPERATIONAL CONTROL PROCEDURE
 Form Title
 CONFINED SPACES ENTRY PERMIT

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 Document No ADTKP-OP-309-FRM03
 Effective Date 30/06/2013
 Review Date 02/07/2019

Personnel entering a confined space are required to be authorised to work in the nominated area. Process requires an Authority to Work, Risk Assessment and Confined Space Entry Permit

Are the personnel entering and working in confined space Trained and Competent (3 rd party certified)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can this work / task be done without entry to the confined space?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 1 – Specification of Work

Location of Confined space to be entered:	
Purpose / Type of Work:	

SECTION 2 – Control Measures

Conditions to be identified by YES / NO					
Risk Assessment is signed and available?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Tool box talk is provided?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Atmosphere	Y	N	Equipment required?	Y	N
Is respiratory equipment required?			Safety Harness / Lifeline?		
Is forced ventilation/purging required?			Communication Equipment?		
Any chemical is using for the work? If yes, provide MSDS (Material Safety Data Sheet)			Respiratory protection?		
Atmospheric testing is required prior to commencement of work. (gas meter 3 rd party certificate attached)			Breathing apparatus?		
			Protective clothing?		
GENERAL	Y	N	Tripod? (3 rd party certificate attached)		
Has barricading and signs been erected?			Safety boots?		
Has a rescue plan been completed?			Fire blankets?		
Other rescue equipment required for job?			Is Continuous monitoring required?		

SECTION 3 – Persons Required to enter Confined Space

Personnel must sign the Entry Log before entering and sign off after exiting the confined space

I understand and will conform to the conditions of entry indicated on this permit and will adhere to all precautions indicated on the attached risk assessment. (Standby Person shall ensure at all times, details are accurate).

Name	Entry Signature	Time:	Exit Signature:	Time:
		hrs		hrs
		hrs		hrs
		hrs		hrs
		hrs		hrs
		hrs		hrs
		hrs		hrs
		hrs		hrs
		hrs		hrs

SECTION 4 – Atmospheric Monitoring Log check

Time	Oxygen (%O ₂)	Flammable gases (LEL)	Carbon Monoxide (ppm)	Hydrogen Sulphide (ppm)	Other gases (Specify)

LIMITS: Oxygen (19.5 – 23.5%) Flammable gases (5% LEL) Carbon Monoxide (30 ppm) Hydrogen Sulphide (10 ppm)

SECTION 5 – Nominated Standby Person



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I understand and accept the responsibilities of the Standby Person as defined in the Confined Space procedure.

Name	Signature ON	Time	Signature OFF	Time
		Hrs		Hrs
		Hrs		Hrs
		Hrs		Hrs
		Hrs		Hrs

SECTION 6 – Person In charge

I accept this Permit, agree to be bound by the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the work. I have read the attached risk assessment, procedures and Rescue plan and have the observed risk controls in place.

Name:	Signature:	Contact No.	Company:	Date:
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SECTION 7 – No Objection with stamp from Concerned Departments

Engineering	Operations
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SECTION 8 – Authorisation and Permit Validity (ADT HSE DEPARTMENT)

Date of issue : / /	Starting time :..... hrs
Date of Expiry : / /	End Time :..... hrs

I authorise Entry to this confined space subject to conditions/precautions of the Risk Assessment as indicated on this Permit.

Name:	Signature:	Date: / /
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Permit is valid only if the conditions existing at the time of issuance continue. It expires upon occurrence(s) including hazards such as gas leaks, liquid spills, fire, wind direction changes (vapour blowing in work area, etc.), or at the request to cease work.

SECTION 9 – Extension of Time

Date of issue : / /	Starting time :..... hrs
Date of Expiry : / /	End Time :..... hrs

SECTION 10 – Completion, Suspension or Cancellation of Work Please TICK the appropriate response:

All work associated with this Confined Space Permit has been:	<input type="checkbox"/> COMPLETED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CANCELLED
The work area and adjacent areas have been inspected after completion of the work:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional comments:

Company:	Name of the person:	Signature:	Date:	Time :
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