

CONFINED SPACES RISK ASSESSMENT FORM & PERMIT

Risk Assessment
Part 1 – General Details

Schedule Start & Finish dd/mm/yyyy	Start:		Working Period	<input type="checkbox"/> Engineering Hours
	Finish:			<input type="checkbox"/> Revenue Service Hours
Type of Work	<input type="checkbox"/> Inspection	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Installation	
	<input type="checkbox"/> Testing	<input type="checkbox"/> Training	<input type="checkbox"/> Other (specify)	
Work Description				

Part 2 – Risk Assessment

Please Tick as applicable	Yes	No	Risk Controls in Place
The need for Working in Confined Space			
Can the work be done from outside the confined space or by the use of equipment such as remote-control devices or cameras for cleaning and inspection?	<input type="checkbox"/>	<input type="checkbox"/>	
The Work Party			
Has an appointed Supervisor been identified (If so, state who)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are those involved in the activity competent to do so?	<input type="checkbox"/>	<input type="checkbox"/>	
Planning the Activity			
Are Electrical Mechanical or Heat isolations required	<input type="checkbox"/>	<input type="checkbox"/>	
Is it necessary to clean or Purge the Confined Space prior to entry?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the entry / exit big enough for workers + equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Is mechanical ventilation required?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it necessary to test the air (toxicity / flammable vapors / breathable)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are special tools required (non-sparking tools / protected lighting / extra low voltage equipment)? (If so, explain)	<input type="checkbox"/>	<input type="checkbox"/>	
Is breathing apparatus required? (If so, state what)	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Arrangements			
Have emergency arrangements been developed? (If so, attach)	<input type="checkbox"/>	<input type="checkbox"/>	
Has provision for rescue harnesses been made? (If so, explain)	<input type="checkbox"/>	<input type="checkbox"/>	
Have emergency communications been addressed? (If so, explain)	<input type="checkbox"/>	<input type="checkbox"/>	
Has anyone in the workgroup been identified to take charge in an emergency? (If so, who)	<input type="checkbox"/>	<input type="checkbox"/>	
Have first aid requirements been identified (If so, explain)	<input type="checkbox"/>	<input type="checkbox"/>	
Have local emergency services been identified and communicated to the supervisor? (If so, attach)	<input type="checkbox"/>	<input type="checkbox"/>	

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Any Additional Information

Details of the Assessor

As the person undertaking this assessment, I hereby certify that I have developed and reviewed the Method Statement and Risk Assessment relevant to this work activity and have consulted with relevant persons to ensure that the safe system of work is adequate. I shall ensure that the persons required to carry out the work are competent and advised of and understand the requirements of the Method Statement and Risk Assessment and monitor the hazards and control methods throughout the work activity.

Name of Assessor:			
Title:		Company:	
Contact Number:		Email Address:	
Signature:		Date Issued:	
		Review Date:	

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Entry Permit

Administration

Confined Space Location / Description / ID Number:

Date:

Purpose of Entry:

Time In:

Permit Cancelled Time:

Time Out:

Reason Permit Cancelled

Supervisor:

Rescue and Emergency Services

Hazards of Confined Space	Yes	No	Special Requirements	Yes	No
Oxygen deficiency	<input type="checkbox"/>	<input type="checkbox"/>	Hot work permit required	<input type="checkbox"/>	<input type="checkbox"/>
Combustible gas / vapor	<input type="checkbox"/>	<input type="checkbox"/>	Lockout / Tagout	<input type="checkbox"/>	<input type="checkbox"/>
Combustible dust	<input type="checkbox"/>	<input type="checkbox"/>	Lines broken, capped or blanked	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	<input type="checkbox"/>	<input type="checkbox"/>	Purge-flush and vent	<input type="checkbox"/>	<input type="checkbox"/>
Hydrogen sulphide	<input type="checkbox"/>	<input type="checkbox"/>	Secure area – post and flag	<input type="checkbox"/>	<input type="checkbox"/>
Toxic gas / vapor	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Toxic fumes	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Skin / chemical hazards	<input type="checkbox"/>	<input type="checkbox"/>	Special Equipment	Yes	No
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	Breathing apparatus / respirator	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	Escape harness required	<input type="checkbox"/>	<input type="checkbox"/>
Engulfment hazard	<input type="checkbox"/>	<input type="checkbox"/>	Tripod emergency escape unit	<input type="checkbox"/>	<input type="checkbox"/>
Entrapment hazard	<input type="checkbox"/>	<input type="checkbox"/>	Lifelines	<input type="checkbox"/>	<input type="checkbox"/>
Thermal hazard	<input type="checkbox"/>	<input type="checkbox"/>	Lighting (explosive proof / LV)	<input type="checkbox"/>	<input type="checkbox"/>
Slip or fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	PPE (goggles, gloves, clothing etc)	<input type="checkbox"/>	<input type="checkbox"/>
			Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>

Communication Procedures

Testing Procedures – Do not enter if permissible entry levels are exceeded

Test	Permissible Level	Test Start Time:	Test Stop Time:
		Result at Start	Result at Stop
% Oxygen	19.5% to 23.5%		
% LEL	Less than 10%		
Carbon Monoxide	35 PPM (8 hr)		
Hydrogen Sulfide	10 PPM (8hr)		
Other			

Name(s) of Person(s) Testing:

Test Instrument Used:

Name, Model, Serial Number and Date last calibrated

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Authorized Entrants and Attendants			
Authorized Entrants		Authorized Attendants	
Permit Authorization			
I certify that all actions and conditions necessary for safe entry have been performed			
Name (Print):			
Signature:			
Date:		Time:	