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| **Hazard assessment**  |

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| **Job Description**:  |  |
| **Works to be completed by:** |  |
| **Confined Space No**.:  | \_ \_ \_ \_ \_ \_ | **Location**: |  |
| **Description of work to be undertaken**:  |  |
| **Hazards and risks associated with the job** |
| **1.** |  | **6.** |  |
| **2.** |  | **7.** |  |
| **3.** |  | **8.** |  |
| **4.** |  | **9.** |  |
| **5.** |  | **10.** |  |
| **Planned control measures to eliminate and minimise hazards** |
| **1.** |  | **6.** |  |
| **2.** |  | **7.** |  |
| **3.** |  | **8.** |  |
| **4.** |  | **9.** |  |
| **5.** |  | **10.** |  |
| **Does the hazard assessment identify that confined space work is involved.** | **YES** [ ] If Yes see below |  **NO**  [ ]  |

**Note: If the hazard assessment identifies confined space work then a confined space entry permit *MUST be Completed*** (refer page 2)
**NOTE: EMERGENCY & RESCUE PROCEDURES**: Where an accident occurs which requires that an emergency rescue be attempted, the **Stand-by & Rescue Person** is to immediately contact **EMERGENCY SERVICES** on **000** for assistance.

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| **Hazard assessment Completed By:**  |  | **Date:** |  | **Time:** |  |
| **University ID Number:**   |  |

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| **Confined Space Entry Permit Form** |

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| **(1) ISOLATION? Is isolation of confined space required? (tick which is applicable): If yes, does the space need to be isolated from:** | **YES** | **NO** | **Isolation completed before entry** | **Isolation restored after exit** | **Isolations effects on other locations** |
| 1. Water/Gas/Steam/Chemicals? | [ ]  | [ ]  |  |  |  |
| 2. Mechanical/Electrical Drives? | [ ]  | [ ]  |  |  |  |
| 3. Auto/Fire extinguishing systems? | [ ]  | [ ]  |  |  |  |
| 4. Hydraulic/Electric/Gas power? | [ ]  | [ ]  |  |  |  |
| 5. Other (specify)? | [ ]  | [ ]  |  |  |  |
| 6. Tags fixed to isolation point? | [ ]  | [ ]  |  |  |  |
| (1) ISOLATION? Is isolation of confined space required? (tick which is applicable): If yes, does the space need to be isolated from: | [ ]  | [ ]  |  |  |  |

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| **(2) VENTILATION ADQUATE? (tick which is applicable): YES**  [ ]  **NO**  [ ]  |
| 1. If NO, what kind of ventilation is proposed? Appropriate ventilation provided before entry:  |  |

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| **(3) ATMOSPHERIC TEST REQUIRED?** **(tick which is applicable):**  **YES**  [ ]  **NO**  [ ]  |

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| Measured depth: **(three readings must be taken)** | Oxygen:  | Hydrogen Sulphide:  | Other Toxic gas:  | Flammable Gases:  | Time taken: |
| **Permitted Levels** | 18%-22%  |  10ppm  |   |  <5%LEL  |  |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **(4) PERSONAL PROTECTIVE EQUIPMENT? The following PPE is to be worn/used (tick which is applicable):** |
| **1. Respiratory protection** [ ]  SCBA [ ]  Air purifying respirator [ ]  Air line | **2. Rescue or access equipment** [ ]  Escape set [ ]  Communications (eg. 2-way radios) [ ]  Motion detector [ ]  Lifeline [ ]  Lifting gear  |
| **3. Eye protection** [ ]  Safety glasses [ ]  Goggles | **4. Essential requirements** [ ]  Fire extinguisher [ ]  First aid kit [ ]  Torch |
| **5. Routine protection** [ ]  Gloves [ ]  Overalls [ ]  Chemical suit [ ]  Ear plugs/muffs [ ]  Hard hat [ ]  Safety boots | **6. Other (specify):**  |
| **(6) HOT WORK REQUIRED? If YES complete the following (tick which is applicable):**  |
| 1. Is site clear of combustibles to 15 metres? | YES [ ]  | NO[ ]   |
| 2. Are applicable fire extinguishers on site? | YES [ ]  | NO[ ]  |
| 3. Types of fire extinguishers available: |
| 4. Atmosphere free form gases?  | YES [ ]  | NO[ ]   |
| 5. Safe access and exit?  | YES [ ]  | NO[ ]   |
| 6. HOT WORK is allowed?  | YES [ ]  | NO[ ]   |
| **(7) STAND BY & RESCUE** |
| Name(s) of stand by person(s): |
| Rescue and emergency procedures understood (tick which is applicable) | YES [ ]  | NO[ ]   |

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| **MANAGEMENT APPROVAL TO ENTER (tick which is applicable)** |
| The confined space is safe for entry, to complete the work described and all nominatedprecautions are fully observed  | YES [ ]  | NO[ ]   |
| All persons on the job have been briefed  | YES [ ]  | NO[ ]   |
| Local Area Approval |
| The work entry permit is valid until  | Date: |  | Time: |  |
| Local Area: |  |
| Print Name:  |  |
| Signature:  |  | Date: |  | Time: |  |

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| **All personnel entering and conducting work in the confined MUST sign below** |
| **SIGN ON:** I have been advised of the safety precautions to be taken while working in the confined space covered by this permit. I have been trained to work in confined spaces and consider this site safe to enter. | **SIGN OFF:** The confined space has been vacated and I acknowledgeam aware that should re-entry occur I am required to SIGN ON again.  |
| **Sign on entry** | **Print Name** | **Date** | **Time** | **Uni ID Number** | **Sign off on Exit** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

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| **The following new hazards and conditions were identified during the completion of the task**  |
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| **EXIT STATEMENT: Work is now completed (or suspended), all personnel have exited the confined space, signed off above, all equipment removed and the confined space may now be secured and this permit cancelled.** |
| **Signed** |  |
| **Date** |  |
| **Time** |  |

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| **LOCAL AREA CANCELLTION OF APPORVAL TO ENTER** |
| Local area |  | **Date:** | **Time:** |
| Print Name |  |
| Signature |  |
| **This permit is now cancelled. Any re-entry or work concerning this confined space requires the issue of a new Confined space hazard assessment entry permit.** |