VUL-FRM-19-02-Confined Space Permit

Section 1 – Permit Holder Information			
Permit number ***(yyyy-mm-dd-hh-mm)***			
Name:		**Contact Number:**	
Company:		**Position:**	

Section 2 – Confined Space Information			
Permit Start Date		**Permit End Date**	
Permit Start Time		**Permit End Time**	
Location of Work:			
Scope / Reason for Work:			

Procedures and Permits required	**Yes**	**No**	**Reference No. / Description**
JHA completed and attached:	☐	☐	***If no, do not start task***
Special Access Restrictions (barricades):	☐	☐	
Confined Space Procedure:	☐	☐	***Read, understood and attached***
Confined Space Rescue Plan covered in JHA:	☐	☐	***If no do not start task***

Section 3 – Confined Space Rescue Plan

Description of proposed rescue method: *As a minimum onsite for ERT capabilities (4 persons in ERT must be onsite to complete rescue)*

Personnel involved to conduct rescue from confined space

Name	Role in rescue	Competencies required

Equipment required to effect the rescue:

☐ *First Aid Kit*	☐ Rescue Kit	☐ Rescue Box	☐ Safety Rope	☐ External assistance
☐ Rescue Ladder	☐ EWP	☐ Climbing Rope Rescue System	☐ Tripod System	☐ Stretcher
☐ Others (Please specify)				

Emergency Contact Details (list at least two):

Name	Contact's Role	Primary Contact No.	Secondary Contact No.	UHF Channel
e.g. Emergency Services	*Fire, Ambulance, Police*	*000*	*112*	
Does the JHA for Confined Space cover Confined Space Rescue? ***If no contact your supervisor and do not start task until a rescue plan has been conducted – In case of emergency situation.***			☐ Yes	☐ No

Section 4 – Stand-by Person(s)

Stand-by Person(s) are required to remain in a spotting position and are not permitted to undertake any other task while signed in as a Stand-by Person.

a) The Stand-by Person may not enter the confined space at any time.
b) The Stand by person can monitor levels with an extension of arm or drop monitor setup. (Not to enter confined space)
c) Stand by person is to notify area and dispatch of entry and exit of confined space.
d) Stand by person to keep constant contact with person conducting confined space.
e) All Stand-by Persons are to sign below.

Stand by person must hold current confined space pass out and be trained and authorised by the SSE or SSE Delegate.

Name	Time On	Sign On	Time Off	Sign Off

Section 5 – Confined Space Checklist

1.0	Personal Protective Equipment Required	Yes	No
1.1	RPE - Supplied Air Respirator or Air purifying Respiratory Protective Device?	☐	☐
1.2	Safety Helmet?	☐	☐
1.3	Hand Protection, Cotton / Leather / Rubber?	☐	☐
1.4	Protective Clothes?	☐	☐
1.5	Safety Glasses, goggles and/or face shield?	☐	☐

1.6	Hearing Protection?					☐	☐
1.7	Safety Belt / Harness?					☐	☐
1.8	Safety Lifeline / Rescue Line?					☐	☐
2.0	**Other Precautions Required**	**Yes**	**No**			**Yes**	**No**
2.1	Warning Signs Notices and/or barricades?	☐	☐	2.3	Extra Ventilation Required?	☐	☐
2.2	Communication Two-way Radio?	☐	☐			☐	☐
3.0	**Isolation Requirements**	**Yes**	**No**			**Yes**	**No**
3.1	Electrical drives isolated and locked?	☐	☐	3.3	Mechanical drives locked	☐	☐
3.2	Sludges/ Deposits / Waste?	☐	☐	3.4	Pipelines blanked?	☐	☐
4.0	**Chemicals:** No chemicals other than those listed below in the confined space.	**Approved**				**Approved**	
		Yes	**No**			**Yes**	**No**
4.1		☐	☐	4.3		☐	☐
4.2		☐	☐	4.4		☐	☐

Section 6 – Atmospheric Testing Log and Conditions of Entry

Gas Tester Name:		Contact Number		
Continual Monitoring Required	☐ Yes ☐ No	Frequency of testing (hours):		

Conditions of Entry	**Yes**	**No**	**Conditions of Entry**	**Yes**	**No**
With supplied air-respiratory protective device	☐	☐	With forced ventilation	☐	☐
With an air-purifying (non-air supplied) respiratory	☐	☐	Other:	☐	☐

Section 7 – Initial Atmospheric Testing Results

	Oxygen % O2	Carbon Monoxide CO	Hydrogen Sulphide H2S	Nitrogen Dioxide N02	Methane CH4	Carbon Dioxide CO2	LEL	Other	Authorised Gas Testers Name	Authorised Gas Testers Signature
Lower Explosive Limit (LEL)	Refer to the **VUL-SOP-096a-Confined Spaces** and **VUL-SOP-096c(ii)-Hot Work**. The concentration of any flammable gas, vapor, mist or dust in the atmosphere of the space shall be less than 5% of its LEL.									
AS/NZ STD	19.5% - 23.5%	30 PPM	10 PPM	3 PPM		12,500 PPM				
Tests	☐	☐	☐	☐	☐	☐	☐	☐	☐	Identify specific testing requirements

Time	**Initial Atmospheric Testing Results**									Name	Signature

Time	**Atmospheric Testing Results – at nominated frequency**								Name	Signature
	O_2	CO	H_2S	NO_2	CH4	CO_2	LEL			

Section 8 – Confined Space Permit Workers – Sign In / Sign Out			
Permit Holder Name		Contact Number	
Company		Position	
Extra Sign In / Sign Out Used:			

All Persons working within a Confined Space are required to Sign IN and OUT <u>each time they enter and exit</u> the Confined Space. Signing on means that you, the worker, fully understand the conditions within this Confined Space Entry Permit.

Name	Work Carried Out	Time IN	Sign IN	Time OUT	Sign OUT

Section 9 – Authorisation									
****PERMIT CAN ONLY BE ISSUED BY THE SITE SENIOR EXECUTIVE****									
Permit Issuer:									
I, permit issuer, authorise the work defined in the scope of work to commence. The procedures, control measures and precautions appropriate for the safe performance of Confined Space work have been implemented, and the Permit Users performing the work have been advised of and understand the requirements of this Confined Space Permit. ***This Confined Space Permit is valid for a maximum of 12 hours:***									
Name:				Signature:					
Date:				Time:					
Permit valid from:	Date		Time		**Permit expires:**	Date		Time	
Permit Holder:									
I, permit holder, have read, understand and will ensure compliance with the Permit as well as Vulcan Mine and statutory requirements, including verifying the work precautions and returning the original copy of this Permit to the Permit Issuer upon its expiry or cancellation.									
Name:				Signature:					
Date:				Time:					
Authorised Isolation:									
I, Authorised Isolator, have read, and understand the scope of work. All documented isolations have been locked out and tested.									
Name:				Signature:					
Date:				Time:					

Section 10 – Permit Close Out / Return of Permit				
Permit Withdrawn / Cancelled	☐ Yes	☐ No	Permit Returned to Permit issuer	☐ Yes ☐ No
Permit Holder:				
All persons have left the confined space. Further entry is not permitted without a new Permit. Work has been completed, equipment has been withdrawn and all plant is ready for use.				
Name:			Signature:	
Date:			Time:	
Permit Issuer				
I accept the scope of work as defined has been completed and have sighted that all persons have left the confined space. The Permit Holder has returned the original copy of this permit to me.				
Site Senior Executive:			Signature:	
Date:			Time:	