

# Wellington Water Confined Space Entry Permit

Permit number **A0001**



**VERBALLY VERIFIED PERMIT (Note: this option is only available in emergency situations)**

1. In the Signatures of Issuer and Receiver section at the bottom of the page, enter your name (as the issuer or Receiver) in the Initial Opening column, sign it and enter date/time. Write in the name of the other party (who will obviously not be physically present so will be unable to sign)
2. Write the unique permit ID number of the other party's entry permit document, in the Other party's X-referenced permit number box on the right
3. When the work is finished, the Receiver must inform the Issuer, and both parties must update their paperwork changing the status to "Closed"
4. Send pink copy of the Receiver's entry permit to the Issuer who will marry it up with their documentation

**Other party's X-referenced permit number:**

\_\_\_\_\_

Site name: \_\_\_\_\_ Confined space registered description: \_\_\_\_\_

Location detail: \_\_\_\_\_

**TASK DESCRIPTION** (Include purpose of entry, and specify any tool use): \_\_\_\_\_ **Risk assessment or equivalent** (confirm a risk assessment exists) Yes  No

Comment: \_\_\_\_\_

Details of the party entering the space (employee team or contractor): \_\_\_\_\_ Name of receiver: \_\_\_\_\_ Total no. persons in entry party: \_\_\_\_\_

Name of safety standby: \_\_\_\_\_

**RISK CONTROLS** Standard precautions: gas testing pre-entry, continuous gas monitoring, 30 min periodic gas testing, self and assisted rescue plan  
Standard PPE: hi-vis, safety footwear, plus other PPE identified on hazard analysis/Risk Control Plan

Hazardous atmosphere (Y, N, or NA)	Non-standard PPE (Y, N, or NA)	Adjacent to or in vicinity of the work (Y, N, or NA)	Physical hazards controls (Y, N, or NA)
Ventilation required? SCBA or supplied air respirator? Hot work? (hot work permit, Reference below)	Respiratory protection <input type="checkbox"/> Fail protection <input type="checkbox"/> Eyes/face <input type="checkbox"/> Feet <input type="checkbox"/> Head <input type="checkbox"/> Body <input type="checkbox"/> Ears <input type="checkbox"/> Hands <input type="checkbox"/>	Vehicular traffic <input type="checkbox"/> Pedestrian traffic <input type="checkbox"/> Restriction on conflicting work comment:  Means of communication:	Moving machinery? <input type="checkbox"/> Large volume water? <input type="checkbox"/> Electricity? <input type="checkbox"/> Hazardous effluent? <input type="checkbox"/> Fuel gas? <input type="checkbox"/> Fall from height? <input type="checkbox"/> Asphixiant or toxic gas? <input type="checkbox"/>
Other controls:	Other controls:		Other controls:

**Signatures of issuer and receiver**  
All required mechanical and electrical isolations have been applied and checked, the hazard assessment has been made available, and controls stipulated for the known and the foreseeable hazards. Where applicable others in the vicinity have been made aware.

	Initial Opening	Change 1	Change 2	Change 3	Change 4
Issuer name and signature Date and time					
Receiver name and signature Date and time					
Status (Open, Handover, Suspend, Close)					

Date of issue:  This permit is valid for a maximum period of 7 days, reviewed daily from Issuer signing

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

Persons in standby roles						
	Name	Time on	Name	Time on	Name	Time on
Safety standby						
Safety standby						

GAS TEST RESULTS						
Note: only test results at the primary testing point are to be recorded but in practice sampling should be repeated at multiple point if possible.						
Target	19.5 - 23.5%	< 25 ppm	H2S		< 5% pre entry	
	O2	CO	TWA Time weighted average 5 ppm	STEL Short term exposure limit 10 ppm	Flammable LEL	Other (?)
Pre entry	Time					
+ 30 mins						
+ 1 hour						
+ 90 mins						
+ 2 hours						
+ 2.5 hours						

PERSONAL ENTRY AND EXIT LOG						
Note: The time of all entries and exits to be recorded.						
Name of person	1	2	3	4	5	6
IN						
OUT						
IN						
OUT						
IN						
OUT						
IN						
OUT						

Continue recording every 30 minutes. Use form margins if necessary

Updated: September 2020

EMERGENCY PLAN	
<b>Site details and location of the confined space:</b>	
<b>People involved in the worksite (name and contact details):</b>	
Entrants:	
Standby person/assisted rescuer:	
Personnel responsible for communicating to the qualified rescue team:	
First aider(s):	
Other required roles:	
<b>Assisted rescue plan:</b>	
<b>Means of communication between entrant and standby personnel (and frequency):</b>	
Rescue & first aid equipment: <input type="checkbox"/> Tripod & Winch <input type="checkbox"/> Harness & lifeline <input type="checkbox"/> Gas detector <input type="checkbox"/> Safety ropes	<input type="checkbox"/> Full SCBA <input type="checkbox"/> Rescue ladder <input type="checkbox"/> Rope rescue system <input type="checkbox"/> First Aid kit <input type="checkbox"/> Other:
All safety equipment has been checked and is in good working condition and is compliant. <b>Site supervisor sign off:</b>	
<b>Are the Assisted Rescuer(s) trained and competent in use of assisted rescue equipment</b> *one person must be first aid trained	
<b>Contact details for qualified rescue team:</b>	
<b>Means of communication to the qualified rescue team:</b>	
<b>Closest medical facility:</b>	

Return all documents to issuer when work is suspended or complete