|  |  |  |  |
| --- | --- | --- | --- |
| **MWPA Use Only** |  | Permit No. |  |
| Authority to Access |  | Application for Confined Space Entry |  |

**Issuing Officer to complete Sections 1-5; Section 7 (part) and Section 10.**

| Section 1. Information About the Confined Space | | | |
| --- | --- | --- | --- |
| Date |  | Issued to |  |
| Valid From / To | | | |
| Location | | | |
|  | | | |
| Description of Confined Space | | | |
|  | | | |
|  | | | |
| Task Description | | | |
|  | | | |
|  | | | |

| Section 2. Permit Coordinator Informed | | | | | |
| --- | --- | --- | --- | --- | --- |
| Date Notified |  | Time Notified |  | Worker Notified |  |

| Section 3. Risk Assessment |
| --- |
| Risk Assessment completed and reviewed on site (ATTACHED) |

| Section 4. Controls and Precautions | | | | |
| --- | --- | --- | --- | --- |
|  | **Isolation** | Mechanical | Electrical | Firefighting System |
| Services – Gas / Water | Isolation Certificate – Copy attached | |

|  |  |  |
| --- | --- | --- |
|  | **Atmosphere** | Initial Gas Test Results have been completed and results recorded in Section 7 below.  CONFIRM initial test results are suitable for entry to work.  **Note** – Where the atmosphere cannot be assessed adequately from the exterior of the confined space, controlled entry via SCBA may be required for initial gas testing. |
| The conditions for entry are marked as below. |
| Yes  No Self-rescue / escape unit required |
| Yes  No Ventilation required. **If yes** –  Natural or  Mechanical |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Emergency Response** | Emergency Response Plan  (**Mandatory)** | Rescue Team / Equipment  (**Mandatory)** | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Personal Protective Equipment** | SCBA (Emergency Response) | Respirator | Safety Helmet |
| Face Shield / Eye Protection | Hearing Protection | Personal Gas Monitor |
| Rubber Boots / Gloves | Safety Harness / Lifeline | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Protective Clothing | Hand Protection | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **General Precautions** | Barricades / Signs | Observer (additional to Sentry) | Lighting |
| Falls | Uneven Surfaces | Manual Handling |
| Environmental Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Noise |
| Specialist Equipment for Task \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Training Requirements Identified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Temperature – Special Controls \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Additional Permits** | Hot Work | Abrasive Blasting | Working at Heights |
| Excavation | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

| Section 5. Permission to Enter the Confined Space (Issuing Officer) | | | | | |
| --- | --- | --- | --- | --- | --- |
| The risks and control measures identified above have been implemented and the Workers required to enter the confined space have been advised of and understand the requirements of this Confined Space Entry Permit. The Confined Space Issuing Officer will revalidate this Confined Space Entry Permit at least daily. | | | | | |
| Validity Period (Max. 5 days) | | From | | To | |
| **Confined Space Issuing Officer** | **Approver Position** | | **Signature** | | **Date / Time** |
|  |  | |  | |  |

| Section 6. Acceptance to Enter the Confined Space (Permit Owner) | | | |
| --- | --- | --- | --- |
| **Permit Owner** | **Position** | **Signature** | **Date / Time** |
|  |  |  |  |

| Section 7. Atmospheric Monitoring | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** | **O²**  **19.5%-23.5%** | **Combustible Gas**  **< 5% of LEL** | **H2S**  **< 10 ppm** | **CO**  **< 30 ppm** | | **Authorised Gas Tester** | **Gas Tester Unit Number** | **Expiry**  **Date** |
| **Initial Gas Test Results** – The atmosphere in the confined space has been tested and the following results obtained. (See back page for re-endorsement requirements.) | | | | | | | | |
| Gas Detector Make / Model | | | | | | | | |
| Serial No. |  | | | | Date of Last Equipment Check | | | |
| Authorised Gas Tester Name | | | | | Company | | | |
| The space **does not contain** a Hazardous Atmosphere and is suitable for entry to work. | | | | | | | | |
| The space **contains** a Hazardous Atmosphere and work CANNOT proceed at this time. | | | | | | | | |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |

| Section 8. Entry / Exit Log | | |
| --- | --- | --- |
| Section 8.1 Confined Space Entry Completed (Permit Owner) | | |
| I confirm that all activity has been completed in the Confined Space including: | | |
| All Workers have vacated Confined Space | | All equipment removed from Confined Space |
| Area inside / surrounding Confined Space has been left in a clean and safe condition | | |
| Name | | Title |
| Date | Time | Signature |

| Section 9. Permit Closed Out (Issuing Officer) | | |
| --- | --- | --- |
| As the MWPA representative I can confirm the activity has been completed and the work area has been left in a clean and safe condition. | | |
| Name | | Title |
| Date | Time | Signature |

| Section 10. MWPA Use Only | | |
| --- | --- | --- |
|  | Issuing Officer has closed Permit | Date |
|  | Associated documentation has been provided / or follow up has been documented | Date |
|  | Daily Works Register updated as required | Date |

| Section 11. MWPA Terms and Conditions |
| --- |
| 1. To ensure timely approval for PERMITS, the following MINIMUM approval times apply.    * Application for Land Based Crane Lift, Application to Excavate / Penetrate and Application for Traffic Management shall be lodged at least seven days prior to work.    * All other Permits shall be lodged at least three days prior to works. |
| 1. A copy of this Confined Space Entry Permit plus mandatory documentation is to be held on site at all times. |
| 1. Permit Applicant accepts that no work can commence on site until this Permit and associated documentation has been reviewed and approved on site. |
| 1. All Workers accessing MWPA sites, as a minimum are required to have completed the MWPA Induction. Within the Landside and Waterside Restricted Zones, individuals are required to carry their own Maritime Security Identification Card (MSIC) at all times. A visitor’s pass may be obtained, although all visitors must be escorted at all times by a holder of a current MSIC. |
| 1. Any incidents (safety / environmental / damage) must be reported to MWPA immediately.  After hours, please call the 24hr Emergency Contact on 0437 413 734. |

**Custodian – Operations Supervisor**

**Approver – Chief Operating Officer**

|  |
| --- |
| **GAS TEST – RE-ENDORSEMENT** |

Initial gas testing is to be repeated at least daily or as required by the Issuing Officer.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** | **O²**  **19.5%-23.5%** | **Combustible Gas**  **< 5% of LEL** | **H2S**  **< 10 ppm** | **CO**  **< 30 ppm** | | **Authorised Gas Tester** | **Gas Tester Unit Number** | **Expiry**  **Date** |
| **Initial Gas Test Results** – The atmosphere in the confined space has been tested and the following results obtained. | | | | | | | | |
| Gas Detector Make / Model | | | | | | | | |
| Serial No. |  | | | | Date of Last Equipment Check | | | |
| Authorised Gas Tester Name | | | | | Company | | | |
| The space **does not contain** a Hazardous Atmosphere and is suitable for entry to work | | | | | | | | |
| The space **contains** a Hazardous Atmosphere and work CANNOT proceed at this time | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** | **O²**  **19.5%-23.5%** | **Combustible Gas**  **< 5% of LEL** | **H2S**  **< 10 ppm** | **CO**  **< 30 ppm** | | **Authorised Gas Tester** | **Gas Tester Unit Number** | **Expiry**  **Date** |
| **Initial Gas Test Results** – The atmosphere in the confined space has been tested and the following results obtained. | | | | | | | | |
| Gas Detector Make / Model | | | | | | | | |
| Serial No. |  | | | | Date of Last Equipment Check | | | |
| Authorised Gas Tester Name | | | | | Company | | | |
| The space **does not contain** a Hazardous Atmosphere and is suitable for entry to work | | | | | | | | |
| The space **contains** a Hazardous Atmosphere and work CANNOT proceed at this time | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** | **O²**  **19.5%-23.5%** | **Combustible Gas**  **< 5% of LEL** | **H2S**  **< 10 ppm** | **CO**  **< 30 ppm** | | **Authorised Gas Tester** | **Gas Tester Unit Number** | **Expiry**  **Date** |
| **Initial Gas Test Results** – The atmosphere in the confined space has been tested and the following results obtained. | | | | | | | | |
| Gas Detector Make / Model | | | | | | | | |
| Serial No. |  | | | | Date of Last Equipment Check | | | |
| Authorised Gas Tester Name | | | | | Company | | | |
| The space **does not contain** a Hazardous Atmosphere and is suitable for entry to work | | | | | | | | |
| The space **contains** a Hazardous Atmosphere and work CANNOT proceed at this time | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date and Time** | **O²**  **19.5%-23.5%** | **Combustible Gas**  **< 5% of LEL** | **H2S**  **< 10 ppm** | **CO**  **< 30 ppm** | | **Authorised Gas Tester** | **Gas Tester Unit Number** | **Expiry**  **Date** |
| **Initial Gas Test Results** – The atmosphere in the confined space has been tested and the following results obtained. | | | | | | | | |
| Gas Detector Make / Model | | | | | | | | |
| Serial No. |  | | | | Date of Last Equipment Check | | | |
| Authorised Gas Tester Name | | | | | Company | | | |
| The space **does not contain** a Hazardous Atmosphere and is suitable for entry to work | | | | | | | | |
| The space **contains** a Hazardous Atmosphere and work CANNOT proceed at this time | | | | | | | | |