



## Confined Space Entry Permit

Authorisation for entry into a confined space

Permit no.: \_\_\_\_\_

Valid: **single task / shift**

|                          |                        |                          |                     |
|--------------------------|------------------------|--------------------------|---------------------|
| SITE / BUILDING          | ADDRESS                | SPECIFIC LOCATION / AREA | DESCRIPTION OF WORK |
| _____                    | _____                  | _____                    | _____               |
| VALID FROM (DATE / TIME) | VALID TO (DATE / TIME) | SWMS / JSA REF.          | PERMIT NO.          |
| _____                    | _____                  | _____                    | _____               |

**1 This permit covers**

- |                                 |                                     |                                       |
|---------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Tanks  | <input type="checkbox"/> Pits       | <input type="checkbox"/> Shafts       |
| <input type="checkbox"/> Sewers | <input type="checkbox"/> Roof voids | <input type="checkbox"/> Crawl spaces |

**2 Requirements — confirm before work commences**

AS 2865

| #  | REQUIREMENT                              | YES                      | NO                       | N/A                      | COMMENTS |
|----|------------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| 1  | Confined space risk assessment completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 2  | Atmospheric testing completed            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 3  | Oxygen levels checked                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 4  | Toxic gases checked                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 5  | Flammable gases checked                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 6  | Ventilation established                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 7  | Rescue plan documented                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 8  | Rescue equipment available               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 9  | Standby person assigned                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 10 | Communication method established         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 11 | Entry and exit points identified         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 12 | Workers trained in confined space entry  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

**3 Atmospheric testing**

AS 2865

| MEASUREMENT                              | ACCEPTABLE RANGE | INITIAL | RE-TEST |
|------------------------------------------|------------------|---------|---------|
| Oxygen O <sub>2</sub> (%)                |                  |         |         |
| Flammable gas / LEL (%)                  |                  |         |         |
| Carbon monoxide CO (ppm)                 |                  |         |         |
| Hydrogen sulphide H <sub>2</sub> S (ppm) |                  |         |         |

**4 Standby & rescue**

|                |                      |                  |
|----------------|----------------------|------------------|
| STANDBY PERSON | COMMUNICATION METHOD | RESCUE PLAN REF. |
| _____          | _____                | _____            |



## Authorisation & acceptance

This permit is **not valid until authorised**. By signing, the receiving worker confirms they understand the hazards, controls and conditions of this permit.

ISSUED / AUTHORISED BY (NAME & SIGNATURE)

POSITION

DATE / TIME

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ACCEPTED BY (RECEIVING WORKER — NAME & SIGNATURE)

COMPANY / ROLE

DATE / TIME

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## Completion & cancellation

On completion, confirm the area is safe, controls / isolations removed where appropriate and systems returned to normal.

PERMIT CLOSED / CANCELLED BY (NAME & SIGNATURE)

POSITION

DATE / TIME

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**Guidance only.** Confined space entry is **high risk construction work** and is regulated under the **WHS Regulation 2017** and **AS 2865**. The atmosphere must be tested and monitored, a trained **standby person** stationed outside, and a documented **rescue plan** and equipment ready before entry. Never enter to attempt an unplanned rescue.