

CONFINED SPACE ENTRY PERMIT

Please complete this form and return **no later than 7 days prior** to the hiring period of the event to:

Assets Department (Suncorp Stadium)

Phone: +61 7 3331 5195 **Email:** assets@suncorpstadium.com.au

IMPORTANT – Observe and perform all safety precautions.

Request Details

Date:	Permit to Work No. (record on Permit to Work PTW Register)	
Permit Holder/Applicant (Name):		Position:
Facility:		Facility Location:
Have you been provided with the Confined space locations		
Is the work being carried out by external Contractors? No Yes		

Roles & Responsibilities

Name

Confined Space Permit Holder <i>(Person applying for Permit, conducting/supervising the work).</i>	
Responsible Person <i>Supervisor, Project Manager or Contractor)</i>	
Confined Space Permit Issuer <i>(Permit Controller, Supervisor or Project Manager)</i>	
Stand-by Person / Firewatcher <i>(If required, person providing a continuous presence during Confined Space works)</i>	

Competent Person/s conducting Confined Space Entry

No person shall conduct Confined Space unless trained to do so

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Description of Work

No work outside this scope may be performed under this Confined Space Permit

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Risk Assessment

<i>Conduct a risk assessment (JHA) to identify hazards and or which energy sources need to be controlled and isolated</i>		
☐ Develop a JSA	Review and Existing JSA	
Insurances provided	Workers Compensation	Public liability

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Confined Space Isolation and Control Measures,

"Isolation and Tagging Standard Operating Procedure"

Source	Yes	No	Action(s) Taken (warning signs, restricted area, lockout/tag-out etc)
Electrical Energy Sources Isolated Lockout/ tagout			
Mechanical/Electrical Equipment			
Stored Energy/Materials in Pipelines			
Approved Risk Assessment			
Adequate ventilation			
Warning signs in place			
Proper Illumination available			
Communication plan and facility available			
Staff ID and training provided			
Authority approval available			
Supervisor /Stand by person available			
Toolbox conducted			
Adequate access / egress provided			
Are other permits required			
Induction completed			
Emergency Procedure available			
Waste Products <i>(i.e. sludge, deposits)</i>			
Harmful Chemicals/Materials			

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Acknowledgement: I understand the hazards of this work and the precautions to be taken. I have ensured that these have been fully explained to the operatives carrying out this work and consider them to be competent to do it safely. I will closely supervise these works to ensure that they are carried out in accordance with the terms of this permit, and I will return my copy of this permit to the authorized representative of the Stadium when this work has been safely completed.

Permit Recipient Name:

Signature:

Date:

Note: All isolation controls shall be conducted by appropriate personnel and register the isolation on "Isolation Tag-Out Register"

Atmospheric Test Requirements

The atmosphere has been tested to ensure oxygen levels are within the acceptable range and gas free. The test results are as follows:

External Test Service Provider:				Certificate Attached?			
Make:				Model:			
Serial No.:				Calibration Due:			
Gas Type	Test Results			Gas Type	Test Results		
	Time:	Time:	Time:		Time:	Time:	Time:
% LEL				OXY Vol%			
CO ppm				H2S ppm			
Is continued monitoring of the atmosphere required? Yes No							

Conditions of Entry: *Entry into the Confined Space is permitted under the following conditions:*

Condition	Yes	No	Comments/Actions
With an approved Breathing Apparatus (BA Set)			
With an approved air-fed breather line (Compressor)			
With an approved air purifying respirator device			
Communications device (two-way radio, throat mic)			
Other:			
PPE to be Worn	Yes	No	Comments/Actions

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Safety Harness with safety/emergency rescue line			
Protective clothing (overalls) Hi Vis			
Safety Boots			
Hand Protection (Gloves)			
Respirators			
Hard Hat			
Eye Protection (Safety glasses, visor, safety shield)			
Hearing Protection (ear plugs, earmuffs)			
Other:			

Chemical Materials Permitted into the Confined Space

Only the Chemical Materials and/or Products listed below are permitted to be taken into the Confined Space

Details	SDS Attached		Details	SDS Attached	
	YES	NO		YES	NO

Confined Space Hot Work- Risk Assessment, insurances and SWMS must be provided prior to access

Hot work IS to be conducted in the Confined Space	Hot Work is NOT to be conducted in the Confined Space
If Hot Work is to be conducted in the Confined Space the "Hot Work Permit" shall be completed	

Other Precautionary Measures

Precaution	Yes	No	Comments/Actions
Has WHS Management been notified?			

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Warning signs and barricades in place			
Smoking/vaping ban in place during the life of the permit			
Adequate lighting provided			
Ventilation/Extraction fans and ducts positioned			
Confined space Sign On/Off Register established			

Contingency Planning and Rescue Arrangements

<i>Contingency Plan to be developed and clearly understood by all personnel involved</i>		
Role	Name	Signature
Confined Space Permit Holder – I accept the conditions of this Permit and will ensure all hazards controls are adhered to.		
Responsible Person – Location was examined; all above hazard controls & equipment have been identified & implemented.		
Confined Space Permit Issuer I authorise for the Confined Space to proceed.		
Stand-by Person / Firewatcher – I inspected and cleared the Confined Space location 30 minutes after completion of the task.		
EMERGENCY RESCUE:		
Company	Address	Contact

Authorisation to Enter Confined Space

<i>All risks have been assessed and I give authorisation to Enter the Confined Space as planned.</i>		
Permit Controller (Name):		Position:
Date:	Time:	Signature:
This Confined Space Permit is Valid until:	Date:	Time:

Critical Step Verification and Close-Out of Permit

Checklist	Yes	No	Comments/Actions
All work completed/suspended			

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All personnel have left the Confined Space			
All equipment has been removed from the Confined Space			
All warning signs and barriers have been removed			
The area has been made safe			
	Yes	No	
All tagged-out system has been re-instated/re-commissioned			

Approvals and Close-Out

Permit Closed	Date:	Time commenced:	Time completed:
Confined Space Permit Holder – I accept the conditions of this Permit and will ensure all hazards controls are adhered to.			Sign Here
Responsible Person – Location was examined; all above hazard controls & equipment have been identified & implemented.			Sign Here
Confined Space Permit Issuer I authorise for the Confined Space to proceed.			Sign Here
Stand-by Person / Firewatcher - I inspected and cleared the Confined Space location 30 minutes after completion of the task.			Sign Here

Sign-On/Sign-Off Register

Date	Name	Entry Time	Exit Time	Signature



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