Leep utilities

**Leep Utilities**

Unique No: .....

Key Safe No: .....

Cross Reference Docs.....

# CONFINED SPACE PERMIT-TO-WORK

**This permit must be used when entry into a confined space is required**

1. **ISSUE To:** .....

| **1.The Work** | | | | |
|---|---|---|---|---|
| Site Name | Specific Location Required | Start Date ...../...../..... | Start Time ..... | Finish Time ..... |
| Description of Work | | | | |

| **2.The Controls** | Associated Site Specific RAM's | | | | |
|---|---|---|---|---|---|
| 2.1 Atmosphere Test Details | | | Gas Meter Readings & Re-test Below | | |
| Gas Meter Serial No | | | H2S | | |
| Gas Meter Calibration Date | | | CO | | |
| Date of Test | DD / MM /YYYY | | O2 | | |
| Time of Test | Start : | Mid-Point : | LEL (Lower Explosive Limit) | | |
| Details of Person Testing Atmosphere | Print Name<br>Sign. ..... | | | | |

| | Yes | No | N/A |
|---|---|---|---|
| 2.2 Does the working party consist of a minimum of three confined space trained operatives | | | |
| 2.3 Has safe access/egress; traffic/pedestrian management been sufficiently defined and controlled | | | |
| 2.4 Is all specifically supplied, PPE & GWO climbing equipment fit for purpose | | | |
| 2.5 Is there an emergency suitable escape set with each operative entering the confined space. | | | |
| 2.6 Equipment In the vicinity has been isolated and locked off. | | | |
| 2.7 Is an emergency rescue man riding winch to hand\set up | | | |
| 2.7 Plant and equipment has been drained and is vented | | | |
| 2.8 Hazardous materials/substances have been removed from the working area | | | |
| 2.9 Man riding winch to be used | | | |
| 2.10 Life Line to be worn | | | |
| 2.11 Breathing Apparatus Required | | | |
| 2.12 Rescue Team Required | | | |
| 2.13 Two way communications required | | | |
| 2.14 Ongoing gas monitoring required | | | |
| 2.15 Intrinsically safe tools required | | | |
| 2.12 Forced ventilation required | | | |
| 2.13 Other Controls Required | | | |
| List Other Controls Here | | | |

**ISSUE**

Sign: ..... Print Name: ..... Time: ..... Date: .....

Being the Confined Space Authorised Person responsible for the issue of this Permit To Work.

**RECEIPT** I have read this Confined Space Permit-To-Work and fully understand the details of work to be completed, associated risks and necessary control measures specified on it. I accept responsibility for carrying out this work and will ensure that I and those in my working party are adequately briefed and adhere to any controls, instructions or limits that are required.

Sign: ..... Print Name: ..... Time: ..... Date: .....

**Working Party**
Members of the working party are to print and sign names to show they are fully trained in confined space working, that they understand the **Emergency Action Plan** the Controls taken and the apparatus to be worked upon.

| Print Name | Signed | Print Name | Signed |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Additional Information (If Required)
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**CLEARANCE**
All members of the working party have been withdrawn and informed that it is no longer safe to access the confined space detailed on this Confined Space Permit to Work.
THE WORK IS NOW COMPLETE*/INCOMPLETE*
All EQUIPMENT NOW HAS*/HAS NOT*/N/A* BEEN REMOVED
All ADDITIONAL CONTROLS HAVE*/HAVE NOT*/N/A* BEEN REMOVED
*** Delete words not applicable**

Additional Information (if required):
.....
.....
.....

Sign: ..... Print Name: ..... Time: ..... Date: .....

**CANCELLATION**
This Confined Space Permit-to-Work is cancelled with the consent of the Confined Space Authorised

Person:

Sign: ..... Print Name: ..... Time: ..... Date: .....