

5.33 Confined Spaces Works Permit

Record hazards of permit work space				Check or list the measures used to isolate the permit space and to eliminate or control the hazards prior to entry
Hazard	Yes	No	N/A	
1. Lack of oxygen - Temperatures				
3. Combustible gases/vapours				
4. Chemical contact				
5. Electrical / Mechanical hazards				
6. Engulfment or Entrapment				
7. Other				
Fall from Height – Use Working at Height Permit!				

Date: _____ **Permission is given to (name/company):** _____

to carry out CONFINED SPACES (HAZARDOUS) WORKS at (description of site):
Between _____ **am/pm** **and** _____ **am/pm**

Description of works to be performed:

Special Conditions (describe):

Personal protective equipment required by all persons:	Y/N/Type
Internal to external communication methods:	Y/N/Type
Ventilation equipment to be used:	Y/N/Type
Lighting inside confined space:	Y/N/Type
Barriers/shields and signage requirements:	Y/N/Type
Rescue equipment to be maintained onsite:	Y/N/Type
Other equipment: <i>Note: if there are vehicle or powered machinery works within the confined space, pre-start emission levels must be recorded and regular monitoring or work zones affected must be maintained.</i>	Y/N/Type

Signature of person issuing permit: _____ **Date:** _____

Verification of Work Completion

The work area has been inspected after completion of work. No hazards remain -Works are complete.

Signature: _____ **Date:** _____ **Time:** _____