

CONFINED SPACE WORKS PERMIT



This permit is for any Contractor engaged by AIT Estates Office who will carry out work in a Confined Space. Confined Space refers to any place, including any vessel, tank, container, pit, bund, chamber, cellar or any other similar space which, by virtue of its enclosed nature, creates conditions that give rise to a likelihood of an accident, harm or injury of such a nature as to require emergency action due to the presence or reasonable foreseeable presence of flammable or explosive atmospheres, harmful gas or fume or vapour, free flowing solid or an increasing level of liquid, excess of oxygen, excessively high temperature or the lack or reasonably foreseeable lack of oxygen.

GENERAL INFORMATION

Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description of Confined Space Works:	
Confined Space Works commencement time & date:	
Confined Space Works completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Confirm the Contractor will comply with the requirements of The Safety, Health and Welfare at Work (Confined Spaces) Regulations 2001?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm the Contractor will adhere to the HSA Code of Practice for Working in Confined Spaces?	<input type="checkbox"/>	<input type="checkbox"/>
• Has a Risk Assessment been carried out specifically identifying the risks associated with Confined Spaces?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the Risk Assessment Control Measures/Actions been implemented?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the Contractors personnel been provided with suitable training or instruction by the Contractor for Working in Confined Spaces?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the Contractors personnel received training and qualifications to operate equipment for working in Confined Spaces?	<input type="checkbox"/>	<input type="checkbox"/>
• Has all equipment to be used been maintained, serviced and checked to ensure it is safe to use?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the Contractors personnel who are going to work in the space have suitable PPE?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm testing of atmosphere in space(s) will be carried out and results submitted to Estates Office prior to works commencing?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm that space will be securely isolated from all sources of ingress of dangerous fumes, liquids, water, steam, materials etc. whilst works are being undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm that space will be purged of all dangerous fumes, liquids, water, steam, materials etc. prior to works commencing?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm that space will be securely isolated from all energy sources including electrical power, mechanical power, heat etc.?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm that a Hot Works Permit will be completed if Hot Works are due to be carried out in the space(s)?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the Contractor taken all practicable precautions or to eliminate or reduce the risk of Confined Spaces?	<input type="checkbox"/>	<input type="checkbox"/>

If the checklist above contains any No, please provide further details and description below:

DECLARATION & SIGNATURE

I confirm that adequate safe systems of work will be maintained and that all of the required precautions for Working in Confined Spaces will be undertaken, and the information provided in this form is true and accurate.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	
AUTHORISATION on behalf of AIT	
Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

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