

Permit Number: \_\_\_\_\_  
(OFFICE USE ONLY – Interlink Roads)

**WHEN COMPLETED AND SIGNED OFF, THE PERMIT MUST BE KEPT IN THE POSSESSION OF THE PERSON CARRYING OUT THE WORK UNTIL COMPLETION.**

<b>COMPETENT PERSON IS:</b>	
Location of Work:	
Work to be done:	
Work Requested by:	Date:
Does work require specific job experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Details:
Personnel assigned to job:	
Contracting firm assigned to job:	

ISOLATION	
Tank / equipment need to be isolated from:	S.O.Ps
Water / Gas / Steam / Chemicals (pipelines)	
Mechanical / Electrical drives	
Automatic fire extinguishing systems	
Hydraulic / electrical / gas power	
<b>Competent Person:</b>	

PERSONAL PROTECTION EQUIPMENT	
The following PPE shall be worn	(tick)
Supplied air respirator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air purifying mask / air hood	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety belt / harness / lifeline	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety gloves / goggles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety boots / shoes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overalls / Industrial clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earplugs / muffs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hard Hat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communications equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Competent Person:</b>	

ATMOSPHERE		
The atmosphere in the confirmed space has been tested to ensure no oxygen deficiency.		
Result of test		
<b>Oxygen</b>		% (19 ½ - 23 ½ %)
<b>Flammable gases</b>		% LEL (less than 5%)
<b>Exhaust gases</b>	CO	ppm (less than 50ppm)
	NOx	ppm (less than 5ppm)
<b>Other gases</b>		
The conditions are safe for entry under the conditions marked below		
With supplied air breathing apparatus		<input type="checkbox"/> Yes <input type="checkbox"/> No
With air purifying mask / hood		<input type="checkbox"/> Yes <input type="checkbox"/> No
Without respiratory equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Competent Person:</b>		

HOT WORK	
THE FOLLOWING ARE MINIMUM REQUIREMENTS BEFORE ANY HOT WORKS IN A CONFINED SPACE	
Atmosphere free from explosive gases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area clear of combustibles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate fire extinguisher available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suitable access and egress?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO TO ANY QUESTION ABOVE NO HOT WORKS UNTIL THE ANSWER IS YES.	
<b>HOT WORK IS ALLOWED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Competent Person:</b>	

STANDBY PERSONNEL & RESCUE	
Competent Person/s	
Rescue Equipment	
Rescue procedures understood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency procedures understood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Competent Person:</b>	

OTHER PRECAUTIONS	
Warning notice / barricades in position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical ventilation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoking forbidden in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**PERSONS ENTERING CONFIRMED SPACE**

*I have read this certificate and fully understand all the precautions to be taken. I will observe the precautions specified while in this confined space.*

Name:	Date:	Time:	Signature:
Name:	Date:	Time:	Signature:
Name:	Date:	Time:	Signature:
Name:	Date:	Time:	Signature:
Name:	Date:	Time:	Signature:

**PERSONS LEAVING CONFIRMED SPACE**

*All tools and equipment have been removed.*

Name:	Date:	Time:	Signature:
Name:	Date:	Time:	Signature:
Name:	Date:	Time:	Signature:
Name:	Date:	Time:	Signature:
Name:	Date:	Time:	Signature:

**ALL PERSONS AND EQUIPMENT ACCOUNTED FOR EQUIPMENT CORRECTLY STORED.**

Name:	Date:	Time:	Signature:
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**REMARKS OR COMMENTS ON THE WORKS CARRIED OUT**


**COPIES OF COMPLETED FORM TO**

ILR project manager