

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.

COMPETENT PERSON IS:	
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	
Competent Person:	

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
Competent Person:	

ATMOSPHERE		
The atmosphere in the confirmed space has been tested to ensure no oxygen deficiency.		
Result of test		
Oxygen		% (19 ½ - 23 ½ %)
Flammable gases		% LEL (less than 5%)
Exhaust gases	CO	ppm (less than 50ppm)
	NOx	ppm (less than 5ppm)
Other gases		
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
Competent Person:		

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.	
HOT WORK IS ALLOWED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Competent Person:	

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
Competent Person:	

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

OTHER HAZARDS, PRECAUTIONS OR COMMENTS

AUTHORISED TO ENTER

This confirmed space is safe for entry to do the work described above provided all precautions are fully observed.		
All personnel working on the job briefed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Isolation points have been checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: Signed:	Date:	Time:
This authorisation valid until:	Date:	Time:

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