CONFINED SPACE ENTRY PERMIT AND EMERGENCY PROCEDURES (RESCUE PLAN)

This document is provided as an allowable option for use by South East Water employees and contractors.

1. Description of Activity

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site ID or M/H No. |  | Site address: |  | | Job/Task No. | | | / |
| Asset Entry No. |  | Task being undertaken: | |  |  | | |  |
| Catchment Type | Domestic 🞏 or Industrial 🞏 | | | | | | | | |
| If industrial, do you have reports (Trade Waste OHS Notifications) on known Non-Compliant Discharge? | | | | | | Yes 🞏 | No 🞏 | | |

1. Isolations

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are isolations required? | No 🞏 | | Yes 🞏 | If, yes, what type? | Electrical Isolation 🞏 | | Mechanical Isolation 🞏 | Effluent Isolation 🞏 |
| Isolations completed by: | |  | | | | Time |  | AM/ PM |
| Isolations verified by: | |  | | | | Time |  | AM/ PM |

1. Ventilation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is ventilation required? | No 🞏 | Yes 🞏 | If, yes, what type? | Natural ventilation 🞏 | Forced (mechanical) ventilation🞏 |

1. Changing Work Conditions

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are there conditions that may change the status of the confined space during occupancy | | | | | | No 🞏 | | Yes 🞏 |
| If yes, what conditions? | Weather 🞏 | Traffic 🞏 | Flow Volume 🞏 | Noise 🞏 | Other 🞏 | |  | |

1. Personal Protective Equipment

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Protective Clothing | Protective Footwear | High Vis Vest/ Clothing | Head Protection | Eye Protection | Fall Arrest | Hand Protection | Hearing Protection | Respiratory Protection | Other |
|  |  |  |  |  |  |  |  |  |  |

1. Pre-entry Atmosphere Test

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gas detector: Inspected by: | | |  | | | | Serial number: | | | |  | | Calibration date | | | / / | |
| Atmosphere test performed by: | | | |  | | | | | | Time | |  | | | AM/ PM | | |
| Oxygen % |  | CO ppm | |  | LEL % |  | | H2S ppm |  | | | Ammonia ppm | |  | VOC ppm | |  |

1. Pre-entry fit check of air-supplied RPE, i.e. breathing apparatus (BA), if identified as a risk control measure for works

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RPE fit check conducted by: |  | Witnessed by: |  | Time | AM/ PM |
| RPE fit check conducted by: |  | Witnessed by: |  | Time | AM/ PM |
| RPE fit check conducted by: |  | Witnessed by: |  | Time | AM/ PM |
| RPE fit check conducted by: |  | Witnessed by: |  | Time | AM/ PM |

1. Permit Issue

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THIS PERMIT IS ONLY VALID FOR ONE DAY OR SHIFT** | | | | | | | |  | **Date of issue:** | | | | / / | |  | |
| **Authorised person issuing permit:** Name | | | | |  | | | | | Signature: | | |  | Time | | AM/ PM |
| **Permit Holder:** Name | |  | | | | | | | | Signature: | | |  | Time | | AM/ PM |
| **Work Party** | | |  | | | |  | | | | |  | |  | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |
| Name: |  | | | Signature: | |  | | | | | Role: Entrant/ Standby Person/ Safety Observer/ Rescuer | | | | | |

1. Confined Space Entry and Exit

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entry** | | **Exit** | | **Entry** | | **Exit** | |
| Initial | Time | Initial | Time | Initial | Time | Initial | Time |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Re-entry/ Periodic Atmosphere Tests

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Atmosphere test performed by: | | |  | | | | | Time |  | | AM/ PM | |
| Oxygen % |  | CO ppm |  | LEL % |  | H2S ppm |  | | Ammonia ppm |  | VOC ppm |  |
| Atmosphere test performed by: | | |  | | | | | Time |  | | AM/ PM | |
| Oxygen % |  | CO ppm |  | LEL % |  | H2S ppm |  | | Ammonia ppm |  | VOC ppm |  |
| Atmosphere test performed by: | | |  | | | | | Time |  | | AM/ PM | |
| Oxygen % |  | CO ppm |  | LEL % |  | H2S ppm |  | | Ammonia ppm |  | VOC ppm |  |
| Atmosphere test performed by: | | |  | | | | | Time |  | | AM/ PM | |
| Oxygen % |  | CO ppm |  | LEL % |  | H2S ppm |  | | Ammonia ppm |  | VOC ppm |  |
| Atmosphere test performed by: | | |  | | | | | Time |  | | AM/ PM | |
| Oxygen % |  | CO ppm |  | LEL % |  | H2S ppm |  | | Ammonia ppm |  | VOC ppm |  |

1. Permit Cancellation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authorised person closing permit:** Name |  | Signature: |  | Time | AM/ PM |

**Permits shall be retained for a minimum of 30 days after the work is completed, or for two years in the event of a notifiable incident.**

1. Emergency Procedures (Rescue Plan)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Description (tick if applicable)** | | | | |
| Attached  Q:\SafetyAndWellbeing\Operations\Operational Activities\Confined Space Entry\Confined Space\CSE Permit illustration 2017 - 1.jpg | | Detached  Q:\SafetyAndWellbeing\Operations\Operational Activities\Confined Space Entry\Confined Space\CSE Permit illustration 2017 - 2.jpg | Excavations  Q:\SafetyAndWellbeing\Operations\Operational Activities\Confined Space Entry\Confined Space\CSE Permit illustration 2017 - 3.jpg | Sewer/ Water Wells  Q:\SafetyAndWellbeing\Operations\Operational Activities\Confined Space Entry\Confined Space\CSE Permit illustration 2017 - 4.jpg |
| **Equipment/ Resources** | Tripod  Multipod  Davit Arm, Winch & Cable (Lifeline)  Anchorage  Stretcher (including folding stretcher/ Spineboard stretcher/ ‘SKED’ Rescue Stretcher)  Safety Harness(es)  Lanyard(s)  Static Line  Gas Detector:  (Personal)  (For Work Area)  Self-rescue breathing apparatus (SRBA), e.g. ‘Oxyboks’  Air-supplied RPE, i.e. breathing apparatus (BA) – adequately charged individual cylinders for self contained BA  Mobile Phone on Site  Two Way Radios  Extra Personnel: | | | |
| **Emergency Procedure** | Call 000 (or 112 from mobile phone)  Rescue Person/s with air-supplied RPE enters  Place SRBA over crew member in space  Winch person from space  Attach Lifeline  Remove person from space using stretcher  Administer First Aid – name/s of trained first aider/s:  Other: | | | |

**Emergency procedures shall be rehearsed prior to works commencing.**