**HIGH RISK ACTIVITIES** 



## **GD20 Confined space entry RAMS checklist**

This risk assessment and method statement (RAMS) checklist must be completed by the competent, nominated person and reviewed by the appointed person before a confined space entry permit can be issued. A copy of the checklist must also be attached to the permit and its findings briefed to all operatives entering the confined space. *Note:* only questions 7a, 9, 14, 15, 16, 17 and 21 can be answered N/A.

Company	name			Project title				
Location				Contract no.				
Confined space entry RAMS								
						N/A	Cor	nments
Has a risk assessment and method statement been approved?								
2. Are all those entering the confined space trained and competent?								
3. Is the correct personal protective equipment (PPE), identified on the risk assessment, readily available and fit for use?								
4. Is there adequate access and egress?								
5. Is an emergency and rescue plan in place and approved?								
6. Is adequate emergency and rescue equipment in place?								
7. Has the rescue team been trained in the use of the emergency and rescue equipment?								
a) Rescue services informed? Telephone no.								
	8. Has a system of communication been established and are emergency contact numbers available?							
	a) Confined space supervisor's contact details. Telephone no.							
9. Is there a requirement for forced ventilation to be in place?  If so, what type?								
10. Has the	<b>0.</b> Has the atmosphere been monitored prior to entry and the results recorded?							
11. Has the	I. Has the monitoring equipment been calibrated?							
<b>12.</b> Is the monitoring equipment correct (is it capable of detecting gases, lack of oxygen or flammable atmospheres, etc.)?								
<b>13.</b> Have all those entering the space been briefed on the monitoring equipment and what to do in the event of an emergency?								
14. Have all possible harmful substances been removed from the space?								
	15. Have all services to the space been isolated or disconnected? If so, who is responsible for continued isolation?							
16. Is breat	6. Is breathing apparatus required? If so, what type and is it HSE approved?							
17. If breathing apparatus is required, are all persons competent in its use?								
18. If breathing apparatus is to be used, have those entering been face-fit tested?								
19. Are all the necessary signs and barriers available?								
<b>20.</b> Is safe task lighting available (not creating ignition, excessive heat or causing explosion)?								
<b>21.</b> Are any other permits required (such as hot-work permits or gas-free certificates)?								
Comments								
Name		Position		Signature			Date	