

## GD19 Confined space permit

Serial no. CS.....

<b>Company name</b>				<b>Project title</b>							
<b>Location</b>				<b>Contract no.</b>							
<b>Part 1 - Authorisation by permit co-ordinator</b>											
Contractor						Contractor's supervisor					
Permit date				Permit start time				Permit finish time			
<b>Confined space location and description, including any plant or processes</b>											
<b>Hazards</b>											
The following processes within the confined space have been <b>withdrawn</b> from service											
Electrical power		Yes		No		Pressure systems		Yes		No	
Mechanical power		Yes		No		Liquids/flowing substances		Yes		No	
Relevant isolation permit no.											
There exists the potential for the following hazards to be present											
Flammable substances		Yes		No		Ingress/presence of liquids		Yes		No	
Oxygen enrichment/deficiency*		Yes		No		Solids that can flow		Yes		No	
Toxic gases, fumes or vapours		Yes		No		Excessive heat or cold*		Yes		No	
<b>Activities within confined space</b>											
<b>Safe systems</b>											
A suitable and sufficient written safe system of work must be produced for this activity.											
<b>Risk assessment document no.</b>						<b>Author</b>					
<b>Method statement document no.</b>						<b>Author</b>					
The risk assessment/method statement* is enclosed with the original permit								Yes		No	
The confined space has been assessed and the following control measures, identified within the written safe system of work, are to be implemented ( <i>tick all that apply</i> )											
Removal of residues				Full breathing apparatus (BA)							
Use of intrinsically safe tools				Escape BA only							
Purge atmosphere before entry				First aid/emergency procedures							
Forced ventilation/extraction*				Tools and equipment checked for safe use							
Leptospirosis (Weil's disease) cards issued				System of communication in place (e.g. radios/mobiles)							
Team leader only/rescue team*				Warning signs/barriers in place							
Safety harnesses/lifelines*				Competency of work team checked							
<b>Continued atmospheric testing - record unit type/serial no.</b>											
<b>Permission is granted to work within the confined space according to the safe systems.</b>											
<b>Name</b>				<b>Position</b>				<b>Signature</b>			
										<b>Date</b>	

\* Delete as applicable

## GD19 Confined space permit *continued*

Part 2 - Receipt by supervisor							
A recorded briefing has been delivered to the workforce on this safe system of work						Yes	No
As the supervisor, I am familiar with the scope of work and safe systems to be implemented.							
Name		Position		Signature		Date	
Part 3 - Completion by supervisor							
The activities authorised by this permit have finished and the confined space fully vacated.							
Name		Position		Signature		Date	
Part 4 - Cancellation by permit co-ordinator							
The confined space and any plant within it have been returned to service						Yes	No
The activities authorised by this permit have now ceased. The cancellation of this permit now precludes any further work taking place in this confined space.							
Name		Position		Signature		Date	

*(Reproduced by permission of HMSO.)*