

GD19 Confined space permit

Serial no. CS.....

Company name				Project title							
Location				Contract no.							
Part 1 - Authorisation by permit co-ordinator											
Contractor						Contractor's supervisor					
Permit date				Permit start time				Permit finish time			
Confined space location and description, including any plant or processes											
Hazards											
The following processes within the confined space have been withdrawn from service											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/cold*		Yes		No	
Activities within the confined space											
Safe systems											
A suitable and sufficient written safe system of work must be produced for this activity.											
Risk assessment document no.						Author					
Method statement document no.						Author					
The risk assessment/method statement* is enclosed with the original permit								Yes		No	

* Delete as applicable

GD19 Confined space permit *continued*

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			
Continued atmospheric testing – record unit type/serial no.							
Permission is granted to work within the confined space according to the safe systems.							
Name		Position		Signature		Date	
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	

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