

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The following processes within the confined space have been withdrawn from service							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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