

## 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.

|  |            |                      |                 |
|--|------------|----------------------|-----------------|
| <b>Company name</b>  |            | <b>Project title</b> |                 |
| <b>Location</b>  |            | <b>Contract no.</b>  |                 |
| <b>Confined space entry RAMS</b>   |            |                      |                 |
|  | <b>Yes</b> | <b>N/A</b>           | <b>Comments</b> |
| 1. 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?<br>Telephone no.  |            |                      |                 |
| 8. Has a system of communication been established and are emergency contact numbers available?                               |            |                      |                 |
| a) Confined space supervisor's contact details.<br>Telephone no.   |            |                      |                 |
| 9. Is there a requirement for forced ventilation to be in place?<br>If so, what type?  |            |                      |                 |
| 10. Has the atmosphere been monitored prior to entry and the results recorded?   |            |                      |                 |
| 11. Has the monitoring equipment been calibrated?  |            |                      |                 |
| 12. Is the monitoring equipment correct (is it capable of detecting gases, lack of oxygen or flammable atmospheres, etc.)?   |            |                      |                 |
| 13. 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?<br>If so, who is responsible for continued isolation?      |            |                      |                 |
| 16. 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?  |            |                      |                 |
| 20. Is safe task lighting available (not creating ignition, excessive heat or causing explosion)?                            |            |                      |                 |
| 21. Are any other permits required (such as hot-work permits or gas-free certificates)?                                      |            |                      |                 |
| <b>Comments</b>  |            |                      |                 |
|  |            |                      |                 |
| <b>Name</b>  |            | <b>Position</b>      |                 |
| <b>Signature</b>   |            | <b>Date</b>          |                 |