

CONFINED SPACE WORK PERMIT



Please complete this application and submit it with required attachment(s) to DS, QHSSE department.

A: GENERAL INFORMATION				
APPLICANT NAME: _____		DESIGNATION: _____		
COMPANY: _____				
PROJECT DETAILS: _____		LOCATION: _____		
DESCRIP. OF WORKS: _____				
Start Date & Time: _____		Finish Date & Time: _____		
NAME OF OPERATIVES		LIST OF TOOLS, EQUIPMENT & MATERIAL		
CONFIRMATION				
NO.	REQUIREMENT	YES	NO	N/A
1	Has the above location been inspected by a competent person?			
2	Is it required to test for gas concentrations?			
3	Are there combustible liquids and gases present?			
4	Have all combustible material either been removed or suitably protected against heat and sparks?			
5	Has the confined space / tank been purged?			
6	Is a standby person available with an extinguisher / hose reel while the operation is in progress?			
7	Do the operatives know the emergency procedures in case of fire or other medical conditions?			
8	Have the operatives received instructions with regards to safe system of work?			
9	Tripod with rescue kits are available?			
PPE & OTHER SAFETY EQUIPMENTS REQUIRED (To be filled by authorizing person)				
<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Gloves	<input type="checkbox"/> Apron	<input type="checkbox"/> Welding Helmet / Shield
<input type="checkbox"/> Warning Signs	<input type="checkbox"/> First aid box	<input type="checkbox"/> Life Line	Other: _____	<input type="checkbox"/> Fire extinguisher
				<input type="checkbox"/> Breathing apparatus
				<input type="checkbox"/> Goggles/ Eye protection
DECLARATION:				
<ul style="list-style-type: none"> ✓ I confirm that I have understood DS safety rules and the restrictions they place on my work. I also confirm that my work will be carried out in accordance with best current trade practice and that all appropriate health and safety controls will be observed. ✓ This permit must be used in conjunction with the standard "General Works / Access permit" where the work involves exposure to hazards other than hot work and for access to the location. This permit does not authorise "HOT WORK" for which a separate permit is required ✓ Any changes in the scope of work or the circumstances detailed and assumed in this permit automatically revoke the permit. Such changes must be notified to the Site Manager immediately. 				
COMPANY NAME: _____			STAMP	
CONTACT PERSON: _____				
CONTACT NO.: _____	SIGNATURE : _____	DATE: _____		

B: FOR OFFICIAL USE ONLY	PERMIT #.
RECEIVED BY: _____	DATE & SIGN : _____
APPROVAL STATUS	Attachments: 1) Risk Assessment, 2) Method Statement, 3) Safety Induction Record, 4) Copies of Related 3 rd Party test Certificates
<input type="checkbox"/> APPROVED	REVIEWED BY : _____
<input type="checkbox"/> APPROVED WITH COMMENTS	SIGNATURE & DATE : _____
<input type="checkbox"/> RESUBMIT	