

ENTRY PERMIT FOR WORK IN A CONFINED SPACE

Supervisor (S): TIS-FB representative (FB): TIS-GS Consultant (C):

(1) CONFINED SPACE DETAILS S	Building N° Room N° Description:	(2) WORK TO BE DONE <i>(Delete the works not applicable)</i> S	. Inspection . Welding . Cleaning, painting . Repair, maintenance . Other (specify):
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(3) WITHDRAWAL FROM SERVICE S	The above space has been removed from service and persons under my supervision have been informed. Signed: Date: Time:	(4) ISOLATION S	The above space has been isolated: . from all sources of dangerous fumes etc., to the requirements of Code A4, . from all sources of electrical and mechanical power, . from all sources of heat. Signed: Date: Time:
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(5) CLEANING AND PURGING S	The above space has been freed of dangerous materials. Materials: Method: Signed: Date: Time:	(6) ELECTRICAL EQUIPMENT USED <i>Delete those not used</i> S	< 24V supply Differential cut-out Double Insulation Isolating Transformer Battery Powered Insulating Mat Signed: Date: Time:
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(7) TESTING OF THE ATMOSPHERE S, FB, C	O ₂ and Contaminants tested: RESULTS: Signed: Date: Time
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<p>(8)</p> <p>CERTIFICATION</p> <p>S, FB</p>	<p>We certify that we have personally examined the confined space detailed above and satisfied ourselves that the above particulars are correct.</p> <p>(1) the confined space is safe for entry without breathing apparatus (2) approved breathing apparatus must be worn. <i>Delete (1) or (2)</i></p> <p>a) Special ventilation (specify):</p> <p>b) Individual protection (specify):</p> <p>c) Other measures (specify):</p> <p>S signed:FB signed: Date : Time: Date: Time:</p>
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<p>(9)</p> <p>PERSONS QUALIFIED TO ENTER OR SURVEY</p> <p>S</p>	<p>I certify that the following persons are qualified to enter and have been fully trained to the requirements of Code A4.</p> <p>Names:</p> <p>.</p> <p>.</p> <p>.</p> <p>.</p> <p>Signed: Date: Time:</p>	<p>(10)</p> <p>ACCEPTANCE OF THE ENTRY PERMIT</p> <p>W</p>	<p>I have read and understood the entry permit and will undertake to work in accordance with the conditions in it.</p> <p>Signed, date, time:</p> <p>.</p> <p>.</p> <p>.</p> <p>.</p>
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<p>(11)</p> <p>COMPLETION OF WORK</p> <p>S</p>	<p>The work has been completed and all persons under my supervision, materials and equipment withdrawn.</p> <p>Signed: Date: Time:</p>
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<p>(12)</p> <p>REQUEST FOR EXTENSION</p> <p>S</p>	<p>The work has not been completed and permission to continue is requested.</p> <p>Signed: Date: Time:</p>	<p>(13)</p> <p>EXTENSION</p> <p>FB</p>	<p>I have re-examined the plant detailed above and confirm that the certificate may be extended to expire at:</p> <p>Date: Time: Further precautions:</p> <p>Signed: Date: Time:</p>
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<p>(14) CANCELLA- TION</p> <p>S</p>	<p>The permit is now cancelled. A new permit will be required if work is to continue.</p> <p>Signed: Date: Time:</p>	<p>(15) RETURN TO SERVICE</p> <p>S</p>	<p>I accept the confined space back into service.</p> <p>Signed: Date: Time:</p>
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The mention S, FB, C, W (worker), indicates the person(s) who must complete the box TIS/DI 7.96