The permit is only valid when all sections are complete. This confined space permit must be completed prior to entry into the space. This permit is only valid when all sections of the permit have been completed and signed

STFC Confined Space – Permit to Work

|  |  |  |
| --- | --- | --- |
| Location: | Project/Permit Number: | Date of Entry: |

|  |  |
| --- | --- |
| Start Time:  | Time of Expiry: |
| **Section 1 – Description of Work**  |
|  |

|  |  |
| --- | --- |
| **Section 2 – Equipment Required** | **Medical/First Aid Requirements**  |
| **Indicate if equipment/medical requirements are needed (Y/ N/ N/A)** |
| Tripod/Davit Arm  |  | First Aid Kit |  |
| Fall Arrest Block with recovery winch  |  | Burns Kit |  |
| Gas Testing Meters *(record how many are used for the entry and date of last calibration)?* |  | Medical Oxygen Kit  |  |
| Escape breathing apparatus *(record how many are used for the entry and date of last calibration)?* |  | Automated Emergency Defibrillator  |  |
| Working breathing apparatus *(record how many are used for the entry)* |  | Rescue Stretcher/Spinal Board  |  |
| Ventilation  |  | Limb Splints |  |
| Fire Extinguisher |  | **PPE Required** |
| Confined Space Signage  |  | Safety Helmet |  |
| 2-way radio *(Intrinsically safe Yes/No)* |  | Safety Boots |  |
| Head torches *(Intrinsically safe Yes/No)*  |  | Hi-Vis Jacket |  |
| Task Lighting *(Intrinsically safe Yes/No)* |  | Gloves (appropriate to the task) |  |
| Rope Access Kit *(Including rescue pack)* |  | Waterproofs (Boots/Waders/Dry Suit) |  |
| Other: |  | CS Fall Arrest Harnesses |  |

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| **3. Know Hazards at the site of work (Contaminant, sources, flooding. Adverse weather etc.)** |
|   High Risk Confined Space Medium Risk Confined Space Low Risk Confined Space  |
| Hazard  | Y | N | Possible  | If Yes or possible, summarise the safety control measures that you have in place  |
| Flammables/Oxygen Enrichment |  |  |  |  |
| Toxic Gas, Fume or Vapour  |  |  |  |  |
| Oxygen Deficiency (<19.5%) |  |  |  |  |
| Presence of Excessive Heat/Humidity/Steam |  |  |  |  |
| Ingress or presence of liquid |  |  |  |  |
| Free flowing solids |  |  |  |  |
| Work at Height - risk of falling  |  |  |  |  |
| Layout of space  |  |  |  |  |
| Physical dimensions of entry to space |  |  |  |  |
| Vermin/Sharps/Contamination  |  |  |  |  |
| Poor/No Light  |  |  |  |  |
| Slips, Trips and Falls |  |  |  |  |
| Other (specify):Other (continued): |

|  |
| --- |
| **4. Pre-Entry peak and low gas detector reading** |
| Time of Test  | Results |
|  | O2 (%) | H2S (ppm) | Flammable | Carbon Monoxide | Other (state): | Pass/Fail |
|  |  |  |  |  |  |
| Is the atmosphere being continually monitored during the works Yes/No |

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| **5. Authorisation** |
| By signing this permit, I can confirm that I have verified the above information and ensured that the necessary precautions have been taken and it is safe to carry out the work as defined above, and the permit information has been explained to all workers and operatives involved. I accept responsibility for the work. If I am lone working, I have established contact with the remote supervisor prior to the work commencing.  |
| Tick the relevant box The area is deemed a low risk confined space suitable for entry **without breathing apparatus**.  The area has been deemed a medium risk confined space and **escape breathing apparatus** will be used The area is a high risk confined space and **working breathing apparatus** should be used.  |
| Permit Issuer (State name) | Sign name below: | Date: | Time: |
| Permit Acceptor (State name) | Sign name below: | Date: | Time: |

|  |
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| **6. Clearance** |
| I confirm that work has been completed/suspended, all entrants, workers/operatives have left the confined space and signed off the permit and the area has been left in a safe condition and this permit is now cancelled.  |
| Permit Issuer (State name) | Sign name below: | Date: | Time: |
| Permit Acceptor (State name) | Sign name below: | Date: | Time: |