

# STFC Confined Space – Permit to Work

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

Location:	Project/Permit Number:	Date of Entry:
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Start Time:	Time of Expiry:
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<b>Section 1 – Description of Work</b>

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 <i>(record how many are used for the entry and date of last calibration)?</i>		Medical Oxygen Kit	
Escape breathing apparatus <i>(record how many are used for the entry and date of last calibration)?</i>		Automated Emergency Defibrillator	
Working breathing apparatus <i>(record how many are used for the entry)</i>		Rescue Stretcher/Spinal Board	
Ventilation		Limb Splints	
Fire Extinguisher		<b>PPE Required</b>	
Confined Space Signage		Safety Helmet	
2-way radio <i>(Intrinsically safe Yes/No)</i>		Safety Boots	
Head torches <i>(Intrinsically safe Yes/No)</i>		Hi-Vis Jacket	
Task Lighting <i>(Intrinsically safe Yes/No)</i>		Gloves (appropriate to the task)	
Rope Access Kit <i>(Including rescue pack)</i>		Waterproofs (Boots/Waders/Dry Suit)	
Other:		CS Fall Arrest Harnesses	

### 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					Pass/Fail
	O <sub>2</sub> (%)	H <sub>2</sub> S (ppm)	Flammable	Carbon Monoxide	Other (state):	

Is the atmosphere being continually monitored during the works **Yes/No**

#### 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:

#### 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: