PERMIT TO WORK - CONFINED SPACES PERMIT No:

Persons undertaking this work must comply with all relevant Health & Safety Law and Company's Health & Safety Rules and have provided copies of current Public and Employees' Liability Insurance, and a Method Statement on request. Only the work specified is to be carried out and your work area must be left in a safe and tidy condition at all times.

JOB DETAILS				LIST TOOLS /EQUIPMENT TO BE USED Faulty tools and equipment must not be brought onto site.				
				LIST	Personal Protective Equi	oment REQU	RED?	
STATE LOCATION OF WORK				WHO COULD BE AFFECTED BY THE WORK? Assess & reduce risk and confirm notification				
	Cite any known hazards at this location and ensure risks are reduced, in line with the assessment questions below:				& reduce risk and confirm notification			
						2		
	This RISK ASSESSMEN ALL QUESTIONS	NT is to be ca	rried out imm NSWERED E	nediatel BY DEL	y prior to the start of work ETING THE ANSWER TH	as is reasona AT DOES NO	bly practica T APPLY	able
1	Are you qualif ed /traine	ed to undertal	ke this work?				YES	NO
2	Is there an acceptable means of access to and from the conf ned space?						YES	NO
	1	F 'YES' PRO	CEED TO Q	3 JF 'N	NO' WORK CANNOT PRO	CEED		
3	Has the conf ned space been isolated from all						/A YES	NO
4							/A YES	NO
5	Has the conf ned space					N	/A YES	NO
6	Is the conf ned space be					N	/A YES	NO
7	Has the reactor been st					N	/A YES	NO
8	Is breathing apparatus a					N	/A YES	NO
9	Is a safety line / Tripod /			•	quipment to hand?	N	/A YES	NO
10	Are there adequate eme		-				YES	NO
	PROVIDING QUEST	TIONS 3-10 A	BOVE HAVE E	BEEN A	NSWERED 'YES' YOU MUS' AFE BEFORE COMMENCING	FENSURE THE	AT THIS IS	
11	Is a supply of respirable						YES	NO
	,			•				
	is ATMOSPHERIC TEST	ING required?)			N	/A YES	NO
		JF 'YES' T	HE SECTIO	N BELO	OW MUST BE COMPLETE	D		
	TIME OF TEST 1	HOURS	MINUTES	S	TIME OF TEST 2	HOURS	MINUTES	
OXYGEN		%	PASS / F		OXYGEN	%		
	RBON MONOXIDE	%	PASS / F		CARBON MONOXIDE	%	,	
CARBON DIOXIDE		%	PASS / F		CARBON DIOXIDE	%	PASS ,	/ FAIL
OTH	HER (SPECIFY)	%	PASS / F	-AIL	OTHER (SPECIFY)	%	PASS ,	/ FAIL
Nur					NTHIS JOB? YES /			iate)
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HANDBACK AND CANCELLATION OF PERMIT, CONFIRM ALL SERVICES HAVE BEEN RESTORED?