



**CONFINED SPACE ENTRY
PERMIT TO WORK**

Doc ID: ATLK-WP-003-V9
Issue Date: 12/11/2024
Review Date: 11/11/2025

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|--|---|--------------------------------|------------------------|
| Permit Number: | ATLK-CS- | Date: | |
| Exact Location of the Job: | | | |
| Reason for Entry/Task to be performed | | | |
| Company undertaking the Job | | | |
| Person in Charge of Work Team (Top Man): | Members of the Work Team authorised by this Permit | | |
| | | | |
| Date and Time Permit Expires:(not >8hrs from time of issue) | Date: | Time: | |
| SAFETY CHECK LIST: (to be completed by the Issuing Officer (IO) Confined Spaces) | Yes | No | IO Initials |
| Appropriate hazard information on site hazards has been issued to the Work Team | | | |
| A Risk Assessment and Safe System of Work for the task has been produced | | | |
| Risk Assessment and Safe System of Work for the task are assessed as being adequate | | | |
| The Person in Charge and Work Team are assessed as being suitably trained and competent for the Task | | | |
| I am satisfied as to the suitability/serviceability of the work equipment | | | |
| The Emergency Arrangements are assessed as satisfactory and communication links have been proven | | | |
| My Line Manager has been informed of the intent to enter the Confined Space | | | |
| Record of Initial <u>Peak Gas Readings</u> | Oxygen % Min 19.5% Max 23.5% | Flammable 20% of LEL | H2S Max 5ppm |
| Serial No of Gas Monitor: | | | CO 20ppm |

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|--|---|------------------------|---------------------|
| Part 1: ISSUE - To be completed by the Issuing Officer | | | |
| I have witnessed the above test and declare that it is safe as is reasonably practicable to work in the above confined space which has been isolated, purged and ventilated in accordance with the associated documentation. I have seen the associated documentation, demonstrated the extent of the work and the safety arrangements at the points of isolation and other places affecting the work to the Top Man. I have noted the above pre-entry Peak Gas Readings, as taken by the Top Man. | | | |
| Signed: | | Issuing Officer | Time/Date |
| Name: | | (Capitals) | Telephone No |
| CAUTION TO ENTRANTS | At the first sign of dizziness, eye irritation, headache, pulsating at the temples or nausea, vacate the Confined Space | | |
| CAUTION TO WORK MEMBERS OUTSIDE THE CONFINED SPACE | If you suspect that an entrant has been overcome, do not attempt to enter unless you are trained and equipped. Initiate the Emergency Plan in the Safe System of Work | | |

Part 2: RECEIPT - To be completed by the Top Man

I have carried out the above test and declare that all persons listed on this Permit are familiar with the safety and emergency arrangements; the above Cautions and are properly equipped. I am satisfied that the confined space has been isolated and is safe to work in. I accept responsibility for carrying out/supervising the work identified in this Permit in accordance with the Safe System of Work and Confined Space Standard Operation Procedure

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|----------------|--|-------------------|---------------------|--|
| Signed: | | Top Man | Time/Date | |
| Name: | | (Capitals) | Telephone No | |

Part 3: COMPLETION - To be completed by the Top Man

I declare that the work described in this Permit has been satisfactorily completed*/stopped*. That all persons, equipment, tools and instruments under my control have been withdrawn and the site has been made safe. I have recorded overleaf any changes that have occurred in the confined space, reasons for stopping the work (if applicable) and action taken

*delete as required

| | | | | |
|----------------|--|----------------|------------------|--|
| Signed: | | Top Man | Time/Date | |
|----------------|--|----------------|------------------|--|

Part 4: CANCELLATION - To be completed by the Issuing Officer (Confined Spaces)

I declare that the work described in this Permit has been satisfactorily completed*/stopped*; that all actions on the Safe System of Work are complete and that this Permit is cancelled. I have noted any changes reported overleaf and will take any necessary follow up action. I am satisfied that the site has been returned to a safe condition

*delete as required

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|----------------|--|------------------------|------------------|--|
| Signed: | | Issuing Officer | Time/Date | |
|----------------|--|------------------------|------------------|--|

| Time | O2 19.5%- 23.5% | CH4 20% LEL | H2S 5ppm | CO 20ppm |
|------|-----------------------|----------------|-------------|-------------|
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| Time | O2 19.5%- 23.5% | CH4 20% LEL | H2S 5ppm | CO 20ppm |
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| | O2 19.5%- 23.5% | CH4 20% LEL | H2S 5ppm | CO 20ppm | STEL | LTEL |
|------------------------------|-----------------------|----------------|-------------|-------------|------|------|
| Exit readings at Entry Point | | | | | | |
| Exit readings from Entrant | | | | | | |

Reasons for stopping the work if applicable and action taken

| Quality Control | | Remarks |
|-----------------|--|---------|
| Name: | | |
| Date: | | |
| Signature: | | |