

Policy:	Policy: Confined Spa				pace Permit			eference:	ence: CSPSES0011				
•	33.71110.							eview Date	•		01/2023		
Location of	ork:												
Nature of Pr													
Plant to be I													
. 14.11 10 20 0004.													
Permit From:					On:			To:			On:		
Valid: (Time)				(1	Date)			(Time)		((Date)		
Control Measures:													
Tick if applicable(\checkmark) insert n/a if not.													
Site specific risk assessment/method statement Responsible person appointed.													
Manhole lids lifted either side & area vented							Appropriate medical checks carried out.						
Mechanical	ventil	ation a	ıvailable.				Vaccinations up to date.						
Gas monito				le.			Weils disease cards issued.						
Calibration			checked.				Broken skin cleansed and covered.						
Gas types c							Suitable washing facilities available.						
Intrinsically safe electrical equipment necessary.						y.	First aid support available.						
Adjacent exhausts & gases removed / isolated.							Operatives close shaved for respiratory protection fit.						
Access / egress equipment available.							Personal dosimeter required.						
Emergency retrieval equipment available. (tripod / winch)						od	Operatives trained to work in confined spaces.						
Area demarcated and segregated.							Means of communication identified.						
Emergency resuscitation equipment available.							Other permit required e.g. hot work permit						
Other (detai	l).			_									
							Equipme	ent Require	ed:			. ,	
ITEM				Required or not				ITEN	. 4		Required or not		ot
ITEM.				(✓) Yes No		No	ITEM.			Yes No			
Head Protection.				100	,	140	High V	isibility Clo	thing		103	140	
Foot Protection							Hand Protection						
Eye Protection								atory Prote	ction				
Ear Protection							Safety	Harness					
Other (Detail).				Other (I			etail).						
EMERGENC	EMERGENCY CONTACT NUMBER:												
EMERGENC	Y ASS	SEMBL	Y POINT:										
Permit Stag	je:	Details:			•			Sign	ature:	D	ate:	Time) :
ISSUE				tions identified. Isolations nel inducted.				SES Eng (Newark	jineering < Ltd				
RECEIPT					nsibility for work area it and site-specific risk			(Newark Contrac	tor Rep				
COMPLETION Work area cleared a been complete.					and all works noted have			SES Eng (Newark Contrac					
CANCELLATION Permit canc			it cancelle	elled.			_	ineering					



WE THE UNDERSIGNED HAVE RECEIVED, READ AND UNDERSTOOD THE SITE SPECIFIC PRECAUTIONS LISTED:									
NAME (Print):	COMPANY IF OTHER EMPLOYEES AFFECTED:	SIGNATURE:	DATE:						