



**ENCLOSED SPACE ENTRY
WORK PERMIT**

IMS No.: ATLK-WP-003-V2
Amendment No: 1
Issue Date: 12/09/18
Review Date: 11/09/19

| | | | |
|--|-------|--------------|--|
| Permit Number: | | Date: | |
| Exact Location of the Job (Print) : | | | |
| Description of the Job (Print) : | | | |
| Company undertaking the Job (Print) : | | | |
| Approving Duty Manager: | Name: | Signature: | |

**THESE PRECAUTIONS MUST BE MET OR CONSIDERED AND APPROVED BY ATLINK LTD
PRIOR TO ANY WORK COMMENCING**

| Item | Description | Yes | No |
|------|--|-----|--|
| 1 | Has a Risk Assessment been completed prior to entry into an enclosed space and a copy given to the Duty Operations Manager? | | Mandatory Tasks / Must be Completed |
| 2 | Has the confined space been vented for at least 12 hours before entry? | | |
| 3 | Has a Rescue plan been developed identifying recovery procedure and equipment required? | | |
| 4 | If Fall Protection Equipment is required the Critical Factor Calculation must be completed. | | |
| 5 | All personnel have completed working in enclosed spaces training . | | |
| 6 | Has the ' Enclosed Space Procedure ' been followed? In particular the Oxygen content checked prior to entry? | | |
| 7 | Has the personal protection equipment been inspected and in good order? Including an Oxygen Analyser? | | |
| 8 | Has the Safety Observer been briefed? | | |
| 9 | Is a copy of the Risk Assessment, rescue plan and 'critical factors' calculation attached to this permit? | | |
| 10 | Is barricading required? | | |
| 11 | Are communication requirements in place? | | |

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|---|---|-------------|
| Author: Garry Ross Approved by : Tom Blake IMS No: ATLK-WP-003-V2 | ENCLOSED SPACE ENTRY WORK PERMIT | Page 1 of 4 |
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|--|-------------------------------|--|--|
| 12 | Has isolation been completed? | | |
| SPECIAL INSTRUCTIONS OR CONTROL MEASURES: | | | |
| | | | |
| | | | |
| | | | |

| | | | | | |
|--------------------------------|--|---------------------------|------|------------------------|------|
| Issued by Authorised Person | | Permit Valid From: | | Permit Expires: | |
| Issued By Name (Print): | | Date | Time | Date | Time |
| Signature: | | / / | : | / / | : |

| | | | |
|--|--|---|---|
| Accepted by Person/s in Direct Control of Work | | Notes: | Permit Location: |
| Accepted by Name (Print): | | ENCLOSED SPACE ENTRY WORK PERMIT is only valid when person in direct control of work is at the work site | Permit must remain at job site while work is in progress and then returned to supervisor for filing |
| Signature: | | | |

Persons Working at Heights

| | | | |
|--------------------|-------------------|---|-------------------|
| Print Name: | Signature: | Safety Observer: is the nominated competent person who shall perform the task of safety watch while others are working within the Enclosed Space. This person shall not perform any other work while acting as the Safety Observer. This person shall have an Enclosed Space Entry Certificate, a minimum of first aid training and be competent in the use of the recovery equipment being used. | |
| | | | |
| | | | |
| | | | |
| | | Safety Observers | |
| | | Print Name: | Signature: |
| | | | |
| | | | |



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CHECK LIST

| Item | Description | Yes | No | Comments |
|------|--|-----|----|----------|
| 1 | Enclosed Space Entry Permit approved? | | | |
| 2 | Trained and authorised personnel? | | | |
| 3 | Risk assessment completed and copy given to the Duty Operations Manager? | | | |
| 4 | Rescue plan produced and understood by all? | | | |
| 5 | Personal Protection Equipment suitable and sufficient? | | | |
| 6 | First Aid Kit available? | | | |
| 7 | Two Way Radio / Communications tested? | | | |
| 9 | Rope Rescue Device Required? | | | |
| 10 | Any additional equipment required to facilitate the rescue plan? | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

Please Note: The person in direct control of this task has the responsibility to ensure the conditions contained within the permit are followed and Atlink Ltd accepts no responsibility or liability for the work being undertaken by the Permit Holder.

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