Contractor Name	**Contractor Name** **PROJECT NAME**

CONFINED SPACE PERMIT

Serial No. Date:

ENTRY REQUIRED FOR PAINTING ☐ FINISHING ☐ HOT WORKS ☐ Others (Specify) ..... ☐

Section – I DETAILS OF THE PERMIT ISSUER & RECIVER

Project / Section		Location (s)	
Permit issuer name		Contact Number	
Engineer Responsible		Contact Number	
HSE Officer on Site		Contact Number	

Section – II PERMIT VALIDATIONS

PERMIT ISSUE DETAILS	**Date** _____	**Time** _____	**NO EXTENSION WILL BE GIVEN ON THIS PERMIT**
PERMIT EXPIRY DETAILS	**Date** _____	**Time** _____	

This permit covers **ENTRY ONLY** to a confined space for (1) Day.
All work entailed in effecting entry and after entry shall be covered by the appropriate **WORK PERMIT**.

Section – III PREREQUISITE

(Work May be stopped if one of the following is not complied with)

	✓ for YES and X for No	Yes	N A		✓ for YES and X for No	Yes	N A
A	Atmosphere in the Confined Space Tested?	☐	☐	**K**	Air intake system located free from fume?	☐	☐
B	Oxygen level is 19.5% (Should not be less/more)	☐	☐	**L**	Employee has proper communication and emergency procedure information	☐	☐
C	Will the atmosphere be monitored during work?	☐	☐	**M**	Will any Chemicals be used in the space?	☐	☐
D	Continuously/Periodically Specify Interval	☐	☐	**N**	Adequate illumination to carry out the job?	☐	☐
E	Has the space been ventilated before entry?	☐	☐	**O**	All electrical tools are explosion proof	☐	☐
F	Will ventilation be continued during work?	☐	☐	**P**	Exhaust fan is provided	☐	☐
G	If so, after ventilation was the area retested?	☐	☐	**Q**	Appropriate PPE Provided?	☐	☐
H	If so, are the equipments isolated?	☐	☐	**R**	Watcher(s) required?	☐	☐
I	Is the main source of supply tagged?	☐	☐				
J	Has the toolbox talk been given?	☐	☐				

The work area should be monitor after 1 hour and after 3 hours to ensure area free of fire or explosion hazards

Declaration by the Permit Receiver	**Name and address of employer**
I_____ representing _____ hereby declare that I have checked the location and all the employees have been briefed about the emergency procedure and a toolbox talk given on working in confined space to **ALL** involved in the activity and they will comply with requirements. Date: ...../...../..... Name; ..... Signature;	Company Name: ..... Nature of Job: ..... Tel No..... Fax No..... Country ..... Contact Number (Site Safety Rep).....

Section IV PERMIT APPROVAL

Work shall be carried out **ONLY** after complying with the precautions given in **Section (III)** of this Permit.

The permit is valid up to _____ hrs. On ___/___/____. It has to be ensured that the employee executing the Job has a copy of the permit at all times during work. No equipments shall be left unattended at any time whatsoever the reason may be. No equipment/material is allowed to be taken in the space without prior approval.

Name of the HSE Officer: .....**Signature** ..... **Date** ...../...../.....

PERMIT COPY DISTRIBUTION (tick appropriate boxes):

Project Engineer ☐ Construction Manager ☐ Electrician ☐ Supervisor ☐ Security ☐