

Darwin International Airport Confined Space Entry Permit FORM-P004

Safety is paramount at DIA and this permit application has been designed to ensure that all safety aspects of the confined space entry work have been considered and actioned.

All contractors, tenants or DIA staff are required to be in possession of a permit before commencing any confined space entry activity. This application is required for all excavation and trenching, including holes for posts and signs.

PART 1 – APPLICANT DETAILS

Applicant Name:		Phone:	
Business Name:			

PART 2 – ISOLATION

Location of work:	_____		
Pit No:	_____	Date of work:	_____
Description of work:	_____		
Space needs to be isolated from	_____		
	(Location / method)		
Water/gas/steam/chemicals	_____		
Mechanical/electrical drives	_____		
Auto fire extinguishing systems	_____		
Hydraulic/electric/gas/power	_____		
Sludge/deposits/wastes	_____		
Locks and/or tags have been affixed to isolation points?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART 3 – ATMOSPHERE

The atmosphere in the confined space has been tested:

Results of test:			
Oxygen	_____	%	
Flammable gases	_____	% LEL	
	_____	% LEL	
Other gases:	_____	ppm (less than ppm)	
	_____	ppm (less than ppm)	
Other airborne contaminants:	_____		

The conditions for entry are as marked below	
1. Without respiratory protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Levels exceeded. No entry allowed	Contact WHS Advisor
3. With supplied air breathing apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No Only trained CSE
4. With escape unit	<input type="checkbox"/> Yes <input type="checkbox"/> No Only trained CSE
** 3 & 4 must be approved by WHS Advisor	

PART 4 – HOT WORK

Areas clear of all combustibles including atmosphere	<input type="checkbox"/> Yes <input type="checkbox"/> No
List prevention equipment available: _____ _____	
Suitable access and exit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Work Method Statement for hot work ratified & attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5 – PERSONAL PROTECTIVE EQUIPMENT

The Following safety equipment must be worn:

Type	
Respiratory protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Harness/lifelines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Footwear	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protective Clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety helmet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication gear	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	

Other Precautions:

Warning notices/barricades	<input type="checkbox"/> Yes <input type="checkbox"/> No
All persons have been trained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continual air monitoring required	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Response

Procedures / Equipment _____

Standby Person

Standby personnel requirements: _____

PART 6 - AUTHORITY TO ENTER

The control measures and precautions appropriate for the safe entry and execution of the work in the confined space have been implemented and persons required to work in the confined space have been advised of and understand the requirements of this written authority.

Signed (*person in direct control*): _____

Date: _____ Time: _____

This written authority is valid until:

Date: _____ Time: _____

Persons authorised to enter pit

I have been advised of and understand the control measures and precautions to be observed with the entry and work in the pit access entry permit.

Entry			Exit		
Name	Date	Time	Name	Date	Time

PART 7 – DIA APPROVAL

Permit Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Position: _____	Signature: _____	Date: _____	Phone _____
---	-----------	-----------------	------------------	-------------	-------------

Conditions: _____

PART 8 – WITHDRAWAL OF WRITTEN AUTHORITY

All persons and equipment accounted for	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment checked and stored correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signed (*person in direct control*): _____

Date: _____ Time: _____

Remarks or comments about the work: _____

PART 9 – HAND DELIVER, EMAIL OR FAX ON COMPLETION OF WORK

Darwin International Airport	Email:
Management Centre	Fax: (08) 8920 1800
1 Fenton Court, Eaton, NT 0820	Phone: (08) 8920 1811

PART 10 – DIA SIGN OFF

DIA Authorised Person: _____ Signature: _____

Position: _____ Date: _____