

# CONFINED SPACE WORK PERMIT

## PERMIT DETAILS

Permit Number

Date Issued

Start Date and Time

End Date and Time

Location/Work Area

## WORKER DETAILS

Name

Worker ID

Gender

Skillset

## CONFINED SPACE ACTIVITY DESCRIPTION

## RISK ASSESSMENT

Has a risk assessment been conducted for the confined space work activity?

YES

No

## DECLARATION

I hereby declare that I have:

1. Conducted a thorough inspection of the confined space and identified potential hazards.	<input type="checkbox"/> YES	<input type="checkbox"/> No
2. Ensured all necessary precautions have been taken to mitigate risks associated with confined space work.	<input type="checkbox"/> YES	<input type="checkbox"/> No
3. Verified that all personnel involved in the confined space work activity have received appropriate training and possess the required skills.	<input type="checkbox"/> YES	<input type="checkbox"/> No
4. Confirmed that all relevant permits, licenses, and authorizations have been obtained.	<input type="checkbox"/> YES	<input type="checkbox"/> No
5. Verified that the confined space is free from any potential hazards or risks.	<input type="checkbox"/> YES	<input type="checkbox"/> No
6. Ensured proper isolation of the confined space from unauthorized personnel.	<input type="checkbox"/> YES	<input type="checkbox"/> No

<p>7. Provided workers with appropriate personal protective equipment (PPE).</p> <p>PPE Checklist:</p> <p><input type="checkbox"/> Safety harness</p> <p><input type="checkbox"/> Safety helmet</p> <p><input type="checkbox"/> Safety footwear</p> <p><input type="checkbox"/> Respiratory protection (if required)</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Other (specify) <input type="text"/></p>		
8. Established a communication plan for emergencies.	<input type="checkbox"/> YES	<input type="checkbox"/> No
9. Conducted a final inspection before authorizing the confined space work activity.	<input type="checkbox"/> YES	<input type="checkbox"/> No
10. Communicated all necessary safety precautions to workers.	<input type="checkbox"/> YES	<input type="checkbox"/> No
11. Confirmed that appropriate ventilation measures are in place to maintain air quality within the confined space.	<input type="checkbox"/> YES	<input type="checkbox"/> No
12. Verified that workers are aware of the proper procedures for entry, exit, and rescue from the confined space	<input type="checkbox"/> YES	<input type="checkbox"/> No
13. Ensured that workers are trained in the use of confined space entry equipment, such as gas detectors, harnesses, and retrieval systems.	<input type="checkbox"/> YES	<input type="checkbox"/> No
14. Implemented a permit-to-work system.	<input type="checkbox"/> YES	<input type="checkbox"/> No
15. Verified that workers have received proper training on confined space safety.	<input type="checkbox"/> YES	<input type="checkbox"/> No
16. Established and communicated an emergency response plan.	<input type="checkbox"/> YES	<input type="checkbox"/> No

**DECLARATION**

I hereby declare that all necessary precautions and safety measures have been taken, and I understand and accept the responsibility for the safe execution of the confined space work activity described above.

Name, signature and date:

Approver 1

Approver 2

Approver 3