



Document Name	Confined Spaces Checklist
Document No	MBG.023.1.4
Release Date	1 December 2014

BUSINESS GROUP

CONFINED SPACES CHECKLIST

Part A: Authorisation

Permit numbe	er:	Date issued:			
Authorised pe	erson (confined sp	ace work s	upervisor):		
Permit validity:	Date of entry:	/ /	Time of entry	From:	To:
Proposed wo location:	rk to be carried out	and			
Name of pers	on entering confine	ed space:			
Name of stan	d-by person:				

Part B: Pre-entry requirements

Re	quirement	Yes	N/A	Comment/Action	
1	Has a confined space risk assessment been conducted				
2	Are any mechanical, electrical, pipe, valve or other isolations required? Specify.				
	For example, pipelines (water, steam or gas), mechanical or electrical drives, sludges, deposits, wastes, harmful materials, electrical services, warning notices, locks and tags fixes to means of isolation, radiation and mechanical services.				
3	Have the levels of ventilation and oxygen/contaminants been checked? Record the readings.			Oxygen Flammable gas Other	% %LEL

Author Matthews Approved Page 1 of



Document Nam	e Confined Spaces Checklist
Document No	MBG.023.1.4
Release Date	1 December 2014

BUSINESS GROUP

Re	quirement	Yes	N/A	Comment/Action
	Is ventilation equipment required? Specify. Type used.			
4	Are toxic gases, solids or liquids present?			
5	Is safety equipment or personal protective equipment required? Specify PPE to be worn.			
	For example, supplied air respirators, air purifying respirator, safety harness, safety line, lifelink rescue, eye protection, hand protection, foot protection, protective clothing, hearing protectors, safety helmets or communication equipment.			
6	Is the space clean, free of debris and water?			
7	Is a stand-by person required? Most work requires nomination of a stand-by person.			
	Specify.			
	Name (on first page) and duties of stand- by person.			
8	Ventilation requirement for purging?			
9	Are danger tags or signs displayed?			
10	Are there appropriate emergency procedures or equipment in place and understood by all parties entering the work space and stand-by personnel? Specify.			

		(r	
Author	Matthews	Approved		Page 2 of 3



Document Name	Confined Spaces Checklist
Document No	MBG.023.1.4
Release Date	1 December 2014

Part C: Other hazards, precautions or requirements

Requirement		Yes	N/A	Comments
1	Warning notices/barricades.			
2	Smoking is forbidden.			
3	All persons, including the stand-by person, have attended an accredited course in C.S entry. (NSW only—must be approved by WorkCover).			

Site Manager

Permit returned, work completed.

Name: _______Signature:

Date:

Author Matthews Approved Page
