

# Entry permit

**\*\* Insert Manager's name and contact details before proceeding \*\***

## Emergency contact details

Emergency services (e.g. 000):

Farm Manager:

Ph:

The employee, contractor or their supervisor is responsible for completing this permit.

This permit is valid only for the date and time specified. Only the listed work may be carried out.

The Farm Manager must ensure the permit is satisfactorily completed prior to the commencement of entry. When the confined space entry is complete or this permit expires, the manager must sign off the permit.

## Part A: Job details

Location of the task:

Description of the proposed work to be carried out:

Proposed timing – Date of entry:

Time of entry: From:

To:

		Yes	No
Name of person entering confined space:	Is this person a contractor?	<input type="checkbox"/>	<input type="checkbox"/>
	Has this person been trained in confined space entry and ID/licence seen/confirmed?	<input type="checkbox"/>	<input type="checkbox"/>
Name of stand-by person:	Has this person been trained in confined space entry and ID/licence seen/confirmed?	<input type="checkbox"/>	<input type="checkbox"/>

# Entry permit continued

## Part B: Safety Controls

**\*\* Comments are required if "YES" is ticked \*\***

Requirement	Yes	No	Comments/Control measures used
Stand-by person	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>	
Non-entry rescue equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Continuous air monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher and 1st Aid kit	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation of work area	<input type="checkbox"/>	<input type="checkbox"/>	
Elimination of all ignition sources (and no smoking)	<input type="checkbox"/>	<input type="checkbox"/>	
Lockout/tag out of services	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If chemical is being used, please provide details</b>			
What chemical is to be used for this job?			
Has the user been shown how to use the chemical?			
Has the Safety Data Sheet (SDS) been checked?			
Is the chemical safe to use in the confined space?			
Is there a spill kit available and is it close to the job?			
What PPE is required for this chemical?			

## Entry permit continued

Atmospheric testing			
Oxygen	%	Flammable gases	% LEL#
Other gases	%LEL	Other gases	% LEL
Other Airborne Contaminants			

# Lower explosive limit – lowest concentration (percentage) of a gas or vapour in air capable of producing a flash of fire in presence of an ignition source (arc, flame, heat).

Rescue procedure, please provide details:

### Part C: Authority to enter – Farm Manager

The control measures and precautions appropriate for the safe entry and execution of the work in this confined space have been implemented. Personnel required to work in and around the confined space have been advised of, and understand the requirement of this permit.

Permit validity:	Date of entry:	Time of entry: From:	To:
Authorising Farm Representative:			
Signature:			
		Date:	Time:

# Entry permit continued

## Part D: Log in/out

Name	Date	Time in	Time out

## Part E: Close out – Farm Manager

The confined space site has been returned to a safe and usable condition. All tools, materials and equipment have been removed from the confined space and no further entry is required.

Authorising Farm Representative:

Signature:

Date:

Time:

Remarks or comments:

**\*\* File the completed form in the relevant farm folder and retain for two years. \*\***