

# Confined Space Entry Permit

## HS-IM-1006



Confined Space Location:		Nature of Confined Space:	
Address (If applicable):			
Nature of work to be undertaken:			
Task Supervisor: (Please print name)		Signature:	

Refer to HS-SWMS-006 Confined Space Entry

Items	Required	Initial	Confirm the following items	Required	Initial
Hand held gas analyser	No		Personal Protective Equipment.	No	
Locks & tags fitted to Isolations.	No		Emergency Rescue Plan.	No	
testing device.	No		Communication Equipment.	No	



