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| Name of the Competent Person/Entry SupervisorMANDATORY – All parts of the form must be completed. Form will be retained for 3 years STFC – Confined Space Entry Checklist  |  | Date of entry |  |
| Details of the task to be undertaken |  | Site/Location/Building Number |  |
| Confined Space number/name/equipment  |  | Permit to work number. |  |

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|  | **Item** | **Yes or No** | **Action Required** | **Date Corrected** |
| **Planning/Procedure** | Do all access and exit points have the required signage “Danger Confined Space Do Not Enter” or \*”do not obstruct”? |  |  |  |
| Are the access points to the confined space protected with a barrier, tape, fencing etc.?  |  |  |  |
| Has the training for any attendants/entry controller/entrants been verified? |  |  |  |
| Have all personnel been made aware of the potential hazards associated with entry into the space? |  |  |  |
| Is the rescue plan specific to the space to be entered? |  |  |  |
| Are the rescue team trained and practiced in Confined Space rescue and have they been notified of the entry.  |  |  |  |
| Is the rescue equipment adequate for the specific entry and readily available? |  |  |  |
| Is there continuous audio or visual communication between entrants/attendants in place and tested prior to entry? |  |  |  |
|  | **Item** | **Yes or No** | **Action Required** | **Date Corrected** |
| **Isolation Hazards**  | Is there a LOTO plan (See section A3) established, and procedures followed? |  |  |  |
| Are all pipelines, tanks etc. been purged (if relevant) and flushed? |  |  |  |
| Are all required blanks and spades in place? |  |  |  |
| Are all electrical lock-out/tag-outs in place and tested? |  |  |  |
| Are all mechanical lock-out/tag-out in place and tested? |  |  |  |
| Are all radioactive sources shielded and has an RPA been involved in proof of principle testing? |  |  |  |

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| Name/s of Entry controller/s |  |
| Names of Entrants/Operatives |  |

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|  | **Item** | **Yes or No** | **Action Required** | **Date Corrected** |
| **Physical Hazards** | Are all ladders, scaffolds and work platforms safeguarded? |  |  |  |
| Is the correct fall protection in place (as identified in the risk assessment)? |  |  |  |
| Are all walking and working areas dry and clean? If not, countermeasures need to be in place to prevent entrants/entry controllers etc. slipping.  |  |  |  |
| Minimum illumination of five foot-illumination provided in the space to 50 lux (e.g. Tunnels) |  |  |  |
| Has the interior configuration of the space been assessed for any hazards and what rescue methods are required?  |  |  |  |
|  | **Item** | **Yes or No** | **Action Required** | **Date Corrected** |
| **Atmospheric/Chemical Hazards**  | Are all the potential chemical hazards in the space been measured using the appropriate gas detection? |  |  |  |
| Are all high-pressure hazards eliminated or controlled?  |  |  |  |
| Has heat stress been evaluated and are controls in place? |  |  |  |
| Has the potential for chemicals/fumes to be generated due to work processes evaluated and controlled? |  |  |  |
| Have all burning, cutting and welding hazards been controlled? |  |  |  |
| Has the potential for hazardous materials in surface coating e.g. paints, varnish etc. or residual substances evaluated and controlled? |  |  |  |
| Is there any possibility of toxic/inert gases in the space been evaluated and are countermeasures in place? |  |  |  |
| Is the atmosphere monitored (continuous or at periodic intervals)? |  |  |  |
| Is there any mechanical ventilation in place? |  |  |  |
| Has there been a respiratory rescue plan in place? |  |  |  |
| Are all compressed gas cylinders staged outside of the confined space? |  |  |  |
|  | **Item** | **Yes or No** | **Action Required** | **Date Corrected** |
| **Electrical Hazards** | Is all equipment bonded, grounded and tested? |  |  |  |
| Is a ground fault circuit interrupter or residual circuit device used with all electrical equipment taken in/used in the space? |  |  |  |
| If required is all equipment explosion proof/intrinsically safe? |  |  |  |

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|  | **Item** | **Yes or No** | **Action Required** | **Date Corrected** |
| **Work Activities** | Has the risk assessment and method statement been completed, relevant to the task and been briefed to all workers? |  |  |  |
| Have all permits been obtained? (E.g. Hot Work etc.) |  |  |  |
| Has all hazardous work in surrounding areas suspended or controlled?  |  |  |  |
| Has the potential for work to generate hazardous chemicals or deplete oxygen in the space been controlled and assessed? |  |  |  |
| Have any additional hazards caused by burning, cutting, welding, or hot work conducted in the space been assessed and included within the risk assessment and are relevant countermeasures in place? |  |  |  |
|  | **Item** | **Yes or No** | **Action Required** | **Date Corrected** |
| **Personal Protective Equipment** | Is eye protection in place and does the type match what is defined in the risk assessment? |  |  |  |
| Is protective clothing (e.g. non-flammable, chemical resistant) being worn? |  |  |  |
| Are gloves being worn and does the type match what is defined in the risk assessment? |  |  |  |
| Is any respiratory protection (as defined by the risk assessment) in use? |  |  |  |
| Do all entrants (and entry controller – if defined) wear all fall protection?  |  |  |  |
| Do all entrants and entry controller have a personal gas detector either being worn (in the face region) or held and are aware how to use and read?  |  |  |  |
| Are all of the team wearing safety shoes/boots (as defined in the risk assessment)? |  |  |  |
| Are all personnel trained and using/wearing their PPE correctly?  |  |  |  |
| Has a physical health to transit, climb etc confirmed by the team lead? |  |  |  |

Signature of competent person/Confined Space Entry Controller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: