

# Confined Space Work Authorisation



The Confined Space Work Authorisation Form is to be completed prior to works commencing to confirm that the contractor has shown the Site Manager that their confined space permit and the controls outlined within it meet safety requirements.

**NOTE** – this is **NOT** a **Confined Space Entry Permit**. (A Confined Space Entry Permit must be provided and completed by the contractor prior to entry)

This authorisation is valid for **one single shift** and must be:

- Completed by the Site Manager or delegate and Contractor (if undertaking the works) prior to the commencement of **ALL** work that requires Confined Space Entry works
- Provided to the site manager or delegate on completion of work for final sign off (Part D)
- Completed form to be filed in the Care Passionately Toolkit in relevant period that works occurred

## PART A: WORK DETAILS

Contractors Name/s: _____
Contractor Company Name (if applicable): _____
Date of Work: _____
Location of Work: _____
Description of Work: _____
_____
_____

## PART B: ASSESSMENT

Have all persons entering a confined space been trained and deemed competent for working in Confined Spaces	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Confined Space Training and Competency:	
Has a site risk assessment or specific safe work procedure for the works been prepared? <b>If NO, works not to proceed.</b> Attach it to this Authorisation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have all entry points to the confined space been signposted and barricaded to prevent entry by unauthorised persons? <b>If NO, works not to proceed.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a Standby Person posted? <b>If NO, works not to proceed.</b> Details of Training and Competency of Standby Person:	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Has a formal Confined Space Entry Permit form been issued? Attach it to this Authorisation

**If NO, works not to proceed.**

*(Confined Space Permit includes: Entry/Exit time, description of hazards and risk controls including Hot works, atmospheric testing requirements, Isolation of Energy sources requirements)*

Yes  No

### PART C: ACKNOWLEDGEMENT

#### Persons performing the work

I certify that all necessary precautions and control measures detailed in this authorisation have been taken to make the Confined Space safe for the permitted work.

Name:	Signature:	Date:	Time:
Name:	Signature:	Date:	Time:
Name:	Signature:	Date:	Time:

#### Site Manager or delegate

I approve the work.

Name:	Signature:
Date:	Time:

### PART D: COMPLETION

#### Person performing the work

I certify that the job has been completed and the area made safe.

Name:	Signature:	Date:	Time:
Name:	Signature:	Date:	Time:
Name:	Signature:	Date:	Time:

#### Site Manager or delegate

I acknowledge that the work has been completed and the permit returned.

Name:	Signature:
Date:	Time:

**Note: Site Manger or delegate have undertaken Confined Spaces Work Authorisation Training.**