

Confined Space Risk Assessment and Permit

This risk assessment and permit must be used when entry into a confined space is required.

Section 1

Assessor Print Name:	Date of Assessment:	Time of Assessment
Assessor Sign Name:	Location being assessed:	

Section 2

The first question you have to ask yourself is do you understand the risks & hazards involved in a confined space entry.	Yes	No
Have you received confined space awareness training or confined space entry training.	Yes	No
Are you familiar with the space-access-egress-escape routes etc	Yes	No
Have you checked the asbestos survey for the area you will be working in	Yes	No

If the answer is no to any of the questions above do not proceed and consult your supervisor or line manager.

Section 3

Do any of the risks-hazards identified below exist within the confined space										
Risks-Hazard		Yes	No	Risk Before			Remarks-Control measures	Risk After		
				H	M	L		H	M	L
1	Toxic gases or vapours									
2	Explosive or flammable substances									
3	Does the space have poor ventilation									
4	Is there a potential for Oxygen deficiency or enrichment									
5	Are there any risks from ingress of gas-vapour-fluids from other areas? (work vehicles-generators etc dumping fumes in to the space)									
6	Will proposed work affect/change the conditions within the space and change its classification									
7	Are chemicals stored within area?									
8	Are there problems with access/egress?									
9	Are the entry -exits-and escape routes more than 200m apart?									
10	Is access within the space restricted? (pipes-cable tray-conduits etc)									
11	Have fixed ladders been inspected in accordance with annual PPM?									
12	Is there drainage or sewer runs within the space. (H ² S-methan-flooding)									
13	Excessive heat									
14	Other:									

If the answer is yes to any of the questions above then the confined space entry permit overleaf must be used/ implemented

Confined Space Risk Assessment and Permit

This risk assessment and permit must be used when entry into a confined space is required.

Important: This permit may only be issued for a maximum of 1 day, the person responsible for issuing this permit must monitor its use to ensure the controls are being implemented this permit may not be extended, in the event that an extension is required a new permit must be issued. The person receiving the permit must agree to abide by the conditions of the permit

Section 1		Details of person requesting the permit				Section 3 Controls cont'd			Yes	No	N/A	Permit to Work Procedure This permit must only be issued by ESS employees authorised to do so, please ensure all necessary details are completed <ol style="list-style-type: none"> 1. Access the ESS Health and Safety Web Pages and locate the permit required. 2. Download the form and complete it electronically before printing one copy off so it can be signed. • 1 x copy of the permit (signed) is given to the person requesting the permit to work and must be available at the work location. • 1 x copy of the permit (electronic) must be emailed to the Customer Services and Administration (CSA) on permittowork@ncl.ac.uk who will enter the details from the permit on to the Permit to Work data base. CSA will also advise you of any other permits operating in the area. 3. Once work is complete the signed copy of the permit must be returned to the ESS person responsible for the work who will then request CSA to remove details of the permit from the data base. The signed copy of the permit must then be forwarded to CSA where it will be held on file. Useful Numbers Security Emergency 0191 2226666 Fire Safety Officer 0191 2228127 Health and Safety 0191 2226847 Estate Support Service 0191 2227171 In the event of fire raise the alarm by activating the nearest live call point and leave the building by the nearest exit, once safe telephone the fire brigade and the Emergency Security number above		
Print Name						6. Man riding winch to be used								
Location of Work	Specific location req'd	Start Date/..../.....	Start Time	Finish Time	7. Life Line to be worn									
					8. Breathing Apparatus Required									
					9. Rescue Team Required									
					10. Two way communications required									
Description of Work						11. Ongoing gas monitoring required								
Section 2 a	Details of person issuing the permit					13. Intrinsically safe tools required								
Print		Sign name		Date/...../.....	14. Forced ventilation required								
Section 2 b	Details of person receiving the permit					15. Other Controls Required								
Print Name		Sign name		Date/...../.....	List other controls here:								
Company Name														
Section 3	Controls				Yes								No	N/A
1. Equipment in the vicinity has been isolated and locked off.														
2. Plant and equipment is drained and vented														
3. Hazardous materials and substances have been removed from the working area														
5. Atmosphere test details		Gas Meter Readings complete below				Section 4 This section must be completed when cancelling or closing a permit. All copies of the permit must be returned to the person that issued it								
Gas Meter Serial No		H2S												
Gas Meter Calibration Date		CO												
Date of Test	/ /20	O2												
Time of test	: am/pm													
Details of person Testing atmosphere	Print Name:					Time								
	Sign Name:													