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 it	nvolved in a confined space entry. Yes	No
Have you received confined space awareness training or confined space entry training	g. 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 identifie	ed belo	w exis	st with	nin t	he confined space				
Risks-Hazard		Yes	Yes No F		isk fore // L	Remarks-Control measures	A		Risk After 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 routs more than 200m apart?									
10	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

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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

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Details of person	request	ing the perm	it			Section 3 Controls cont'd	Yes	No	N/A	-	
e							6. Man riding winch to be used				
Specific location req'd	pecific location req'd		ocation 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				
							11. Ongoing gas monitoring required				
Details of person	issuing	the permit					13. Intrinsically safe tools required				
•	Sign	•	Da	te							
name				/		/	14. Forced ventilation required				
Details of person	receivin	g the permit					15. Other Controls Required				
	Sign name		Da		/	/	List other controls here:				
							List other controls here.				
Controls				Yes	No	N/A					
			ed off.								
ng area	ances na	ave been rem	ovea								
5. Atmosphere test details				s con	nplete)					
rial H ₂ S							cancelling or closing a permit. All copi	es of th	e pe	rmit	
te		СО					Print Name (person closing/cancelling the permit)				
/ /20 O2							Signature				
:	: am/pm						Date				
on Print Name:							Time				
Testing atmosphere Sign Name:											
	Details of person Specific location req'd Details of person Details of person Controls In the vicinity has be uipment is drained naterials and substant area test details al See / /20 : on Print Name:	Details of person request Specific location req'd Details of person issuing Sign name Details of person receivin Sign name Controls In the vicinity has been isolation and ventaterials and substances hang area test details al in the vicinity has been isolation and ventaterials and substances hang area test details al in the vicinity has been isolation and ventaterials and substances hang area test details al in the vicinity has been isolation and ventaterials and substances hang area test details al in the vicinity has been isolation and ventaterials and substances hang area test details al in the vicinity has been isolation and ventaterials and substances hang area test details al in the vicinity has been isolation and ventaterials and substances hang area test details al in the vicinity has been isolation and ventaterials and substances hang area test details al	Specific location req'd Start Date Sign name	Details of person requesting the permit Specific location req'd Start Date Start Tate Sign name Details of person receiving the permit Sign name Date of person receiving the permit Sign name Controls In the vicinity has been isolated and locked off. uipment is drained and vented materials and substances have been removed ng area test details Gas Meter Reading below al H2S CO CO Print Name:	Specific location req'd Start Date Start Time Start Date Start Time Start Date Start Time Start Date Start Time Start Date Date	Details of person requesting the permit Start Date Start Time Finish	Start Date Start Time Finish Time	Section 3 Controls control Section 3 Controls control 6. Man riding winch to be used 7. Life Line to be worn 8. Breathing Apparatus Required 9. Rescue Team Required 10. Two way communications required 11. Ongoing gas monitoring required 12. Intrinsically safe tools required 13. Intrinsically safe tools required 14. Forced ventilation required 15. Other Controls Required	Section 3 Controls control Yes Section 3 Controls control Yes Section 3 Controls Start Date Start Time Finish Time Start Date Start Time Finish Time Start Date Start Date Start Time Finish Time Start Date Start Date	Details of person requesting the permit Section 3 Controls control Yes No 6. Man riding winch to be used 7. Life Line to be worn 8. Breathing Apparatus Required 9. Rescue Team Required 10. Two way communications required 11. Ongoing gas monitoring required 12. Intrinsically safe tools required 13. Intrinsically safe tools required 14. Forced ventilation required 15. Other Controls Required 15. Other Controls here: Sign Date	Section 3 Controls control 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

- 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 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