

Confined Space



Important: Please download and open this form using Adobe Acrobat or PDF Reader to ensure this form can be submitted properly. Alternatively, please send the completed form to the details below.

Any approval by Te Pae Christchurch for this activity to occur does not give rise to an acceptance of any liability, loss or damage caused by the activity. Please complete the sections below and submit this form to healthandsafety@tepae.co.nz. Final approval will be completed on the day. For assistance, please contact:

Health, Safety and Security Manager, Te Pae Christchurch Convention Centre

Phone: +64 3 266 1400

Email: healthandsafety@tepae.co.nz

Contact Details

Name		Company Name	
Phone Number		Company Address	
Email Address		Post Code	
Name of Event*		Stand Name	
Event Dates		Stand Number	

**if applicable*

Permit Details

A confined space is defined as an enclosed or partially enclosed space which is not intended or designed primarily as a workplace, is at atmospheric pressure during occupancy and has restricted means for entry and exit.

Please note: All permits are only valid for a maximum of **7 days from the date of issue with the same scope of work.**

Confined Space Details

- Identify the location of work (please include room names if applicable):
- Mezzanine floor water tank above the sprinkler pump room, 50,000 Litre water tank.
- Loading bay, Space under dock leveller.
- Loading bay, Sewer pump.
- Loading bay, Sewer (grease traps and tanks).
- Bealey 5, Fire pump room 200,000 Litre water tanks.
- Oxford Terrace, Garden swale sump and grill.
- Other:

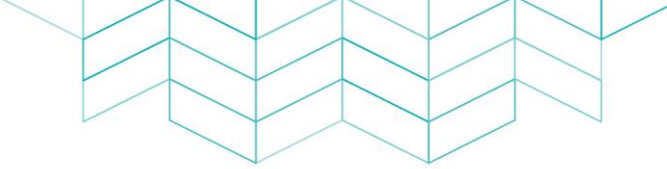
Describe the scope of works under SOP or JSEA.

Working Area Controls

List controls required for the working area.

Compulsory:

- Area to be isolated (barriers, LOTO etc).
- All entrants must be logged into and out of the confined space.
- Emergency response procedure must be verified as suitable prior to work start.



Confined Space

Additional:

Confined Space CHECKLIST FOR ISSUERS:

- SWMS/JSEA/SOP identifies the specific project and location with title.
- All staff including contractors (Subs) are signed onto SWMS/JSEA with full contact information.
- Full scope with job steps included for specific tasks.
- Workers are identified that are responsible for the compliance of the SWMS/JSEA.
- Workers signed onto SWMS/JSEA must have input with the job.
- All critical risks identified with appropriate controls/permits in place (Working at Height, Hot Works etc).
- Training records for all workers checked.
- All equipment is to be in good condition (e.g. EWP, PPE, harnesses, and ropes are inspected prior to use to ensure they are fit for purpose, Gas monitor calibrated).
- Te Pae Hierarchy of controls followed to reduce risks with appropriate controls to eliminate or minimise risks.
- Identifies emergency response plan over and above services or security control.
- Does the SWMS/JSEA have the ability to record all modifications when job conditions change and recognize changes to scope must be approved first.
- All PPE must be task specific without room for interpretation.
- Identify whether sprinklers or smoke isolation is required (where applicable).

Control Measures

Identify control measures to be implemented:

<input type="checkbox"/> Department staff informed including security control.	<input type="checkbox"/> Hazard/equipment isolated
<input type="checkbox"/> Protective equipment required (specify below):	<input type="checkbox"/> Rescue Plan completed below
<input type="checkbox"/> Other (please specify below):	

Additional Information

Please ensure the following information is adhered to before commencing work in a confined space at Te Pae Christchurch:

CONFINED SPACE WORKS CHECKLIST:

- Identify whether lockouts are required for systems and valves.
- Confined space entry work may require completion outside normal working hours.
- All equipment is to be in good condition (e.g. barriers, harnesses, ropes, PPE etc) and must be inspected prior to use to ensure they are fit for purpose.
- Regular monitoring will be required of the entry area.
- Entrants will be logged into and out of the confined space.
- The Safety Watch person must understand the controls in place and the emergency procedure, understand hand signals, able to hear through either radio, voice, or hardwired communication.

REQUIREMENTS WITHIN THE WORK AREA

- Area to be checked for combustible materials which must be removed before work can commence. This can include paper, cardboard, dust, lint, debris, flammable liquids, and oily deposits.
- Barriers will be installed to provide a working safety exclusion zone.
- Warning signs to be clearly displayed prior to entry.

COMPLETION OF WORKS

- Ensure that any isolations are re-activated, and fire alarms and protection devices have been re-instated and put back into service.

Declaration

Confined Space

I declare that I have read and understood this permit and have completed this form to the best of my knowledge.
Permit Control

Name of Receiver:	Signature:	Date:
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Mandatory Safety Requirements

It is the responsibility of all persons conducting a business or undertaking (PCBUs) and their staff to ensure that the Health and Safety at Work Act 2015, applicable legislation, procedures, and safe work practices are followed, as far as reasonably practicable, to protect the health and safety of all persons.

All work areas will be checked for other PCBUs in the area and then be barriered off with warning signs. Communications will be checked prior to work commencing.

The area will be inspected, and isolations identified for lockout. All persons working on a confined space must be trained with at least one trained for 'Planning a Confined Space Entry' (Supervisor).

(Te Pae Christchurch Convention Centre use only)
















Risk and Compliance Authorisation

Isolations required?	Isolations approved?
Fire protection impairment required?	Fire protection impairment approved?
Date Permit valid for:	Time from: Time to:































Permit Authorisation

Name of Issuer:	Signature:	Date:
Permit Number		

Entry Permit Management

HAZARD ASSESSMENT																												
Confined space location:																												
Potential atmospheric hazards:	<table border="0"> <tr> <td></td> <td><input type="checkbox"/> Corrosive</td> <td><input type="checkbox"/> Chemical Absorption</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Flammables</td> <td><input type="checkbox"/> Entrapment</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Biological</td> <td><input type="checkbox"/> Irritant</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Oxygen Enriched > 23.5%</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Temperature</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Electrical Equipment</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Mechanical Equipment</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Oxygen Deficient</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Toxic Gases</td> </tr> </table>		<input type="checkbox"/> Corrosive	<input type="checkbox"/> Chemical Absorption		<input type="checkbox"/> Flammables	<input type="checkbox"/> Entrapment		<input type="checkbox"/> Biological	<input type="checkbox"/> Irritant			<input type="checkbox"/> Oxygen Enriched > 23.5%			<input type="checkbox"/> Temperature			<input type="checkbox"/> Electrical Equipment			<input type="checkbox"/> Mechanical Equipment			<input type="checkbox"/> Oxygen Deficient			<input type="checkbox"/> Toxic Gases
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HAZARD CONTROLS (to be completed by the Entry Supervisor)																													
Lockout/tagout required?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
List isolations																													
Are barriers required?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
Is communication equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
What communication equipment is required?	<input type="checkbox"/> 2-way radio <input type="checkbox"/> Telephone																												
Is explosion-proof equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
What emergency equipment is required?	<input type="checkbox"/> Fire extinguisher (type:) <input type="checkbox"/> Safety harness (tag number:) <input type="checkbox"/> Tripod and winch <input type="checkbox"/> Lifeline/retrieval line																												
Are chemicals to be used or involved with the entry? <i>If yes, attach a copy of a current SDS for any chemicals used.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
PERSONAL PROTECTIVE EQUIPMENT (PPE)																													
Check the boxes of any PPE required:	<table border="0"> <tr> <td></td> <td><input type="checkbox"/> Coveralls</td> <td></td> <td><input type="checkbox"/> Eye protection/Goggles/Full face</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Hand protection</td> <td></td> <td><input type="checkbox"/> Harness/Fall Protection</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Hearing protection</td> <td></td> <td><input type="checkbox"/> Hi-vis clothing</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Safety boots</td> <td></td> <td><input type="checkbox"/> Safety helmet fit for job (Shock)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Air – supplied respirators</td> <td></td> <td><input type="checkbox"/> SCBA</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Chemical cartridges or full face</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Particulate respirator</td> <td></td> </tr> </table>		<input type="checkbox"/> Coveralls		<input type="checkbox"/> Eye protection/Goggles/Full face		<input type="checkbox"/> Hand protection		<input type="checkbox"/> Harness/Fall Protection		<input type="checkbox"/> Hearing protection		<input type="checkbox"/> Hi-vis clothing		<input type="checkbox"/> Safety boots		<input type="checkbox"/> Safety helmet fit for job (Shock)		<input type="checkbox"/> Air – supplied respirators		<input type="checkbox"/> SCBA			<input type="checkbox"/> Chemical cartridges or full face				<input type="checkbox"/> Particulate respirator	
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		<input type="checkbox"/> Particulate respirator																											
PERMIT REVIEW																													
Appropriate air monitoring has been identified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																												
Are respirators required (list types)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																												
Are hazard controls and PPE appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																												
Is continuous air monitoring required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																												
Is ventilation/ extraction required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																												
Is hot work allowed within the confined space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																												

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Any special requirements			
Name of Te Pae Christchurch authoriser:		Signature:	

AIR SAMPLING (air monitoring equipment used)

Model:	Serial number:
Date calibrated:	User's name:

AIR MONITORING RESULTS (to be conducted at various points throughout)

Date	Time	Location	Oxygen% (19.5-23.5%)	Combustibles %LEL (0-10% of UEL)	H2S	CO	Toxic chemicals

ENTRANTS AND STANDBY PERSONS (all entrants to sign prior to entry and standby person to sign when entrant is out)

Entrant	Signature	In	Out	Standby person	Signature

COMPLETION OF PERMIT

I certify that:

All persons have been accounted for	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All equipment has been removed from the confined space	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The confined space has been checked, cleared, and closed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

Name: _____ Signature: _____ Date: _____

Permit Closure by Issuer

This section is to be completed on inspection area after work has been completed (by an issuer).

Has the area been left clean and tidy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have all tools and barriers etc been removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has no damage occurred to walls, floors, building, EWP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Isolated systems re-instated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Name of Te Pae Christchurch permit issuer:	Date:	Time:
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Once the sections above have been completed, please submit this application form to healthandsafety@tepae.co.nz

Declaration of Understanding

All workers taking part in the task are to sign to declare that they have read and understood the above Mandatory Safety Requirements:

Confined Space



Name	Signature