



# CONFINED SPACE ENTRY CERTIFICATE

<b>PERMIT HOLDER</b>	00001	Ref. WP #	Permit Holder	Permit Date
	Other Certificates/Forms: <input type="checkbox"/> RESCUE PLAN <input type="checkbox"/> Excavation <input type="checkbox"/> Lifting & Rigging <input type="checkbox"/> Hot Work <input type="checkbox"/> Work at height <input type="checkbox"/> Isolation LOTO <input type="checkbox"/> Supporting Doc's: _____		Estimated Time of Completion: _____	
Tank ID or CSE Ref: _____		Previous Contents: _____		Number of entrants: _____
Specialised Tools / Equipment: _____				Max. Entry Duration: _____ Minimum break period: _____

Tank/confined space details	
Facility Declaration the CSE has been cleaned and deemed vapour free Method of cleaning / clearance: _____ Internal Diameter: _____ Height/Depth: _____ Number of Entry/Exit points: _____ Entry point diameter: _____ Other: _____	

Control Measures	
Permit Issuer to <input checked="" type="checkbox"/> Check required controls below and then initial for approval once controls are in place <input type="checkbox"/> CROSS OUT LINE IF N/A	
Req'd	Confirmed
<input type="checkbox"/>	<input type="checkbox"/>
NOTIFIABLE Works - Select type <input type="checkbox"/> Air-Fed BA Full Face or Half face <input type="checkbox"/> SCBA	
Equipment positively isolated from all energy sources (LOTO - Blinds / Air-Gapped) LOTO Ref # _____	
Is there a rescue plan, equipment, and Safety/Entry watch in place? NOTE: Entry watch must NOT leave entry point Name of qualified entry watch: _____	
Rescue kit at primary entry point (Must include non-flammable air-horn)	
Requires a trial rescue to be performed/attended by all CSE entrants/safety watch Date done: _____	
Mechanical ventilation in place and directed to a safe location - to be run during all* CSE occupancy	
Gas monitoring results - recording frequency: <input type="checkbox"/> Hourly <input type="checkbox"/> Half hourly <input type="checkbox"/> MUST Radio Results to PI/Office	
Personnel entry/exit times to be advised to PI/Office support - to maintain second log for number of occupants	
Monitor temperature of confined space - Temperatures over 30°C need additional controls:	
Additional PPE for CSE: <input type="checkbox"/> Gloves(type): _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Face Shield <input type="checkbox"/> Disposable overalls <input type="checkbox"/> Respiratory protection: <input type="checkbox"/> Entrant Lifeline <input type="checkbox"/> Goggles Type: _____	
Means to block entry to CSE available when worksite is unattended (Including CSE Warning signage)	
Gas Detector Bump Tested / Calibrated	
Authorized Gas Tester (AGT) - Must be trained and competent NZQA3058 NAME/S: _____	
Continuous Gas Monitoring - Gas Detector to be monitored by Entry watch/AGT - and Entrant	
*Ventilation OFF >15 mins. Prior to initial/internal vapour checks - Turn ventilation ON after initial clearance & BEFORE first entry	

Confined Space Entry-Point Pre-clearance Test - PI To Complete - Repeat On Entry Log If Re-validating							
TIME	LEL - 0%	Oxygen - 20.8%	CO - 0	H2S - 0	MeOH - 0	Instrument #	AGT initial
Confined Space Entry - Internal Clearance Test - PI To Witness - Repeat On Entry Log If Re-validating							
Entrant Name:		Time in:		Time out:			
TIME	LEL - 0%	Oxygen - 20.8%	CO - 0	H2S - 0	MeOH - 0	Instrument #	AGT initial

APPROVAL	
<b>CSE CERTIFICATE - APPROVAL TO START WORKS - RE-VALIDATE ON WP</b>	
The person undertaking this work acknowledges that the job will be completed in accordance with the controls listed above and the Z Life Savers. All works will be completed in a safe manner and the Permit Issuer will be informed immediately if conditions change in the work site or an incident or near miss of any severity occurs.	
<b>Re-validate this work on the Work Permit if work has stopped or as directed by the Permit Issuer.</b>	
Signature below confirms I fully understand and will comply, enforce and meet all conditions / requirements set out in this Certificate and documents.	
Permit Holder:	Signature: _____ Date: _____ Time: _____
The signature below confirms all requirements and conditions / controls of this Certificate are in place and the task can be performed safely.	
Permit Issuer:	Signature: _____ Date: _____ Time: _____

CLOSE OUT	
<b>CSE CERTIFICATE - CLOSE OUT</b>	
The signature below acknowledges Work Permit closure. Work completed, site left in a safe condition, in accordance with facility requirements.	
Permit Holder:	Signature: _____ Date: _____ Time: _____
The signature below acknowledges the work permit closure. The work has been completed and the site has been left in a safe condition.	
Permit Issuer:	Signature: _____ Date: _____ Time: _____

GAS TESTING AND CONFINED SPACE ENTRY LOG																					
Entry watch to remain at entry point. Radio entry / exit times to PI/Office support	Name:	Time OUT																			
	Name:	Time Entered																			
Entry watch to remain at entry point. Radio entry / exit times to PI/Office support	Name:	Time OUT																			
	Name:	Time Entered																			
Entry watch to remain at entry point. Radio entry / exit times to PI/Office support	Name:	Time OUT																			
	Name:	Time Entered																			
Entry watch to remain at entry point. Radio entry / exit times to PI/Office support	Name:	Time OUT																			
	Name:	Time Entered																			
AGT initial	AGT initial																				
	Instrument #																				
MeOH - 0	MeOH - 0																				
	H2S - 0																				
CO - 0	CO - 0																				
	Oxygen - 20.8%																				
LEL - 0%	LEL - 0%																				
	TIME																				