

Confined Space Entry Certificate



Scope of work to be carried out (*Define as clearly as possible*)

Site:	Confined Space Name:	WO number:	Confined Space Register Number
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Date the work will commence	Estimated duration of the work:
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Nominated Competent Person:	Company:	Mobile Phone :
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Safety Document Number:

THIS TYPE OF WORK HAS THE POTENTIAL FOR: (PLEASE TICK AS REQUIRED)

<input type="checkbox"/>	An oxygen concentration outside the safe oxygen range
<input type="checkbox"/>	An airborne contaminant that may cause impairment, loss of consciousness or asphyxiation.
<input type="checkbox"/>	An airborne contaminant that may cause injury from fire or explosion.
<input type="checkbox"/>	A stored free flowing solid or a rising level of liquid that may cause suffocation or drowning by engulfment Other (specify):

Means of Communication (Please tick required box)	Radio Channel: <input type="checkbox"/>	Verbal: <input type="checkbox"/>	Other:

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		ACCOUNTABILITIES				
The Nominated Competent Person who is to perform the work along with the Safety Watch MUST ensure the following PRECAUTIONS have been taken prior to any work starting. <i>(Tick as required)</i>		Yes	No	NCP to initial	Safety Watch to initial	NA
1	Entrant (s) qualified and physically suitable for CS work (The person is not unwell)					
2	Hazard ID and/or JSA are completed, controls implemented and discussed with Work Party					
3	Unnecessary combustible material removed from work site					
4	Fire hose and extinguisher available (where applicable). Work Party members competent in use					
5	Entry / Access Points secured in open position and warning signs posted					
6	Pre-entry Toolbox meeting held					
7	Area taped or roped off with hazard signs in place, adjacent and/or below area					
8	Communication systems tested (including emergency alarm to control room)					
9	Any ventilation requirements have been established					
10	Critical equipment's power source used in association with the CS is labelled as 'Safety Critical'					
11	Consideration for clean condition entry					
12	Emergency Plan is in place and understood by all involved the confined space work					

RISK MATRIX

Consequence	Likelihood					<p>Consequence</p> <p>6 = Fatality</p> <p>5 = Permanent disabling injury or work-related illness</p> <p>4 = Disabling injury or work-related illness</p> <p>3 = injury or work-related illness that requires hospitalisation or specialist treatment</p> <p>2 = injury or work-related illness that requires medical treatment</p> <p>1 = Discomfort of minor injury requiring first aid treatment</p>	<p>Likelihood</p> <p>5 = likely</p> <p>4 = possible</p> <p>3 = Unlikely</p> <p>2 = Highly unlikely</p> <p>1 = Remote</p>	
		1	2	3	4			5
	6	H	H	S	S			E
	5	M	H	H	S			E
	4	M	M	M	H			S
	3	L	M	M	M			H
	2	L	L	M	M			M
	1	L	L	L	M			M
Level of Risk						<p>Level of Risk</p> <p>Consequence x likelihood will equal the risk, The highest residual risk after applying controls will determine the confined spaces Level of Risk category.</p>		
Level of Risk								
Level of Risk						Action Required	Sign off level required	
Extreme						Further Risk controls MUST be undertaken further	It is not possible to carry out work	
Severe						Further Risk controls MUST be undertaken further		
High						Where possible further Risk controls MUST be undertaken before entry to reduce risk further	Head of Generation	
Medium						Further Risk controls should be considered	Asset Manager (Capability lead)	
Low						No further risk controls are required	Nominated Supervisor	
ASSOCIATED DOCUMENTATION: (Tick as required and attach)								

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Hazard ID / General Safety Assessment form (GSAF)	Initial Atmospheric Test Report	Method Statement/JSA	Risk Assessment	Hot Work Certificate	Other		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HAZARDS AND CONDITIONS (Tick as required and transfer to the risk assessment)							
Access and Egress	<input type="checkbox"/>	Inadequate Lighting	<input type="checkbox"/>	Hot Work – Fire prevention	<input type="checkbox"/>	Mechanical Energy	<input type="checkbox"/>
Adverse Weather	<input type="checkbox"/>	Inadequate / Excess Airflow	<input type="checkbox"/>	Combustible Materials	<input type="checkbox"/>	Stored Energy	<input type="checkbox"/>
Temperature Extremes	<input type="checkbox"/>	Residues	<input type="checkbox"/>	Airbourne Particles/Dust/Sparks	<input type="checkbox"/>	Fatigue Management	<input type="checkbox"/>
Noise	<input type="checkbox"/>	Chemical / Solvents	<input type="checkbox"/>	Gas Cylinders	<input type="checkbox"/>	External Work Parties	<input type="checkbox"/>
Other - Please list	<input type="checkbox"/>	Other – Please list	<input type="checkbox"/>	Other – Please list	<input type="checkbox"/>	Other – Please list	<input type="checkbox"/>



Confined Space Risk Assessment

(To assist with your risk assessment please reference your site's Confined Space register).

Specific Hazard	Risk				Control Measures to Provide Safety	Residual Risk			
	H	M	L	NA		H	M	L	NA

CONFINED SPACE CERTIFICATE RISK ASSESSMENT APPROVAL

All the conditions relating to this confined space entry certificate and hazards have been discussed and agreed with the work party

	Name	Signature	Date
Nominated Competent Person			
Nominated Supervisor			
Asset Manager			
Head of Generation / Site Manager			

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Confined Space Sign on Register

I have been advised and briefed on the work task, the hazards related to the work, the precautions that will be taken and the emergency response plan. I agree to abide by all the requirements of the Confined Space certificate.

Name of Confined Space entrant	Date	Time of Entry	Time of Exit	Time of Entry	Time of Exit	Time of Entry	Time of Exit

Confined Space Closure Statement

I confirm that all the work is complete, all personal have been removed from the space, all safety devices have been removed and that the work site has been left in a clean a safe condition:

Nominated Competent Person:	Signature:	Date:	Time (24Hrs):

Cancellation Comments:

Confined Space Emergency Plan

The Emergency Response Plan shall describe the procedures that will be used to resolve any emergency situation that may arise in respect to the confined space entry.

Rescue details: (please describe in full and give emergency contact numbers)

Is there any specialist rescue equipment to be deployed prior to entry? (Please List)

Forecast Weather conditions/Seasonal changes:

Number of persons at risk:

Entry point access via:

Is the rescue team deployed during entry?

Yes

No

Can the rescue team easily gain access to the confined space entry point by stairs, fixed ladders, corridors etc? Account **MUST** be taken of the rescue equipment that may need to be carried.

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EXAMPLE OF POSSIBLE CONFINED SPACE EMERGENCY SITUATION:

- Conscious or Unconscious Injured Person/Alarm not sounding.
- Evacuation of person with broken leg. Do we need a stretcher deployed?
- Fire within the confined space

Describe your emergency situations in here:

What are your Emergency Preparation: