

CSEC N° 00000

Confined Space Entry Certificate

ATW #: ATW Lock #:

Certificate Issue Date: _____ Certificate Prepared By: Print name: _____

A Equipment Location: Area name: _____ e.g. cutting, welding, etc.: _____
 Equipment Description: E

Certificate Valid From: _____ Time: _____ Date: _____

B **ISOLATIONS** **SPECIAL PRECAUTIONS**

Has an Isolation Schedule been reviewed to ensure that isolations are appropriate for confined space entry? F

HOT WORK

C Is space/hot work to be carried out inside this confined Yes _____

Section name: _____

Equipment #: _____

DESCRIPTION OF WORK / REASON FOR ENTRY

Certificate Valid Until: _____ Time: _____ Date: _____

e.g. maintenance, clear blockage, etc.: _____

D Yes _____

Isolation Schedule #: _____

N/A

DETAIL WORK METHODS YOU PROPOSE TO USE

Hot Work Certificate #: _____

SAFETY EQUIPMENT REQUIREMENTS - Tick Yes or No for each option

Rubber gumboots	Yes <input type="checkbox"/> No <input type="checkbox"/>	PVC overalls	Yes <input type="checkbox"/> No <input type="checkbox"/>	PVC gloves	Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional PPE	Yes <input type="checkbox"/> No <input type="checkbox"/>
Respirator and appropriate canister	Yes <input type="checkbox"/> No <input type="checkbox"/>	Breathing apparatus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety line (life line)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety harness and fall arrestor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Firefighting equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire blanket	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety barriers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Communication	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fan (temperature control / ventilation)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>

TASKS TO BE COMPLETED BEFORE CERTIFICATE ACCEPTANCE - Tick Yes, No or not applicable & initial each task when complete

Gas test completed	Yes <input type="checkbox"/> Mandatory	Man-ways & doors secured open	Yes <input type="checkbox"/> N/A	Emergency Rescue Plan completed	Yes <input type="checkbox"/> Mandatory
Drained	Yes <input type="checkbox"/> N/A	JSA completed	Yes <input type="checkbox"/> Mandatory	Flushed	Yes <input type="checkbox"/> N/A
Ventilation plan completed	Yes <input type="checkbox"/> N/A	Purged (nitrogen / air)	Yes <input type="checkbox"/> N/A	Hot Work Certificate completed	Yes <input type="checkbox"/> N/A
Confined space signs installed	Yes <input type="checkbox"/> N/A	Other	Yes <input type="checkbox"/> N/A	Radiation lock	Yes <input type="checkbox"/> N/A
Area barricaded	Yes <input type="checkbox"/> N/A	Other	Yes <input type="checkbox"/> N/A	Other	Yes <input type="checkbox"/> N/A
Opened and aired	Yes <input type="checkbox"/> N/A	Other	Yes <input type="checkbox"/> N/A	Other	Yes <input type="checkbox"/> N/A

I An Emergency Rescue Plan shall be completed by a Supervisor from the Emergency Response Team (ERT) and attached to the White copy of this CSE Certificate. A copy of the Emergency Rescue Plan shall also be kept at the ERT office.

ATMOSPHERIC TESTING FREQUENCY

J Required every: _____ Hours _____ Mins Atmospheric test of this certificate testing result, _____ s shall be recorded at SECTION O on reverse

CERTIFICATE AUTHORISATION

K CSEC Issuer	Print name: _____	Signature: _____
CSEC Recipient	Print name: _____	Signature: _____

NOTE: IF CONDITIONS ON THE JOB SITE CHANGE THE CSEC ISSUER SHALL BE NOTIFIED IMMEDIATELY.

STAND-BY PERSON

When a change of Stand-by Person occurs complete SECTION N on reverse side of this certificate.

L Print name: _____	Time on: _____	Date: _____
Signature: _____	Time off: _____	

CERTIFICATE CANCELLATION

Q Confined Space inspected and ready for return to normal operation	Yes <input type="checkbox"/>	Time: _____	Date: _____
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