

<b>CSEC N° 00000</b>		<b>Confined Space Entry Certificate</b>			
<div style="display: flex; justify-content: space-between;"> <div>ATW #:</div> <div>ATW Lock #:</div> </div>					
<b>A</b>	Certificate Issue Date:		Certificate Prepared By: Print name:		
	Equipment Location: Area name:		e.g. cutting, welding, etc.:		
Equipment Description:		<input type="checkbox"/> E	<input type="checkbox"/>		
Certificate Valid From: Time: Date:					
<b>B</b>	<b>ISOLATIONS</b>		<b>SPECIAL PRECAUTIONS</b>		
	Has an Isolation Schedule been reviewed to ensure that isolations are appropriate for confined space entry?				
	<b>HOT WORK</b>		<b>F</b>		
<b>C</b>	Is space? hot work to be carried out inside this confined Yes		Section name:		
			Equipment #:		
	<b>DESCRIPTION OF WORK / REASON FOR ENTRY</b>		Certificate Valid Until: Time:		Date:
<b>D</b>	e.g. maintenance, clear blockage, etc.:		Isolation Schedule #:		
	Yes				
	N/A				
<b>DETAIL WORK METHODS YOU PROPOSE TO USE</b>					
<b>G</b>	SAFETY EQUIPMENT REQUIREMENTS - Tick Yes or No for each option		Hot Work Certificate #:		
	Rubber gumboots Yes No	PVC overalls Yes No	PVC gloves Yes No	Additional PPE Yes No	
	Respirator and appropriate canister Yes No		Breathing apparatus Yes No		
	Safety line (life line) Yes No		Safety harness and fall arrestor Yes No		
	Firefighting equipment Yes No		Fire blanket Yes No		
	Communication Yes No		Fan (temperature control / ventilation) Yes No		
	Other Yes No		Other Yes No		
	<b>TASKS TO BE COMPLETED BEFORE CERTIFICATE ACCEPTANCE</b> - Tick Yes, No or not applicable & initial each task when complete				
<b>H</b>	Gas test completed Yes Mandatory		Man-ways & doors secured open Yes N/A		Emergency Rescue Plan completed Yes Mandatory
	Drained Yes N/A		Flushed Yes N/A		
	JSA completed Yes Mandatory		Hot Work Certificate completed Yes N/A		Radiation lock
	Ventilation plan completed Yes N/A		Purged (nitrogen / air) Yes N/A		
	out Yes N/A		Confined space signs installed Yes N/A		
	Area barricaded Yes N/A		Other Yes N/A		
	Opened and aired Yes N/A		Other Yes N/A		
<b>EMERGENCY RESCUE PLAN</b>					
<b>I</b>	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.				
	<b>ATMOSPHERIC TESTING FREQUENCY</b>				
<b>J</b>	Required every:		Hours	Mins	Atmospheric test of this certificate testing result, s shall be recorded at SECTION O on reverse
<b>K</b>	<b>CERTIFICATE AUTHORISATION</b>				
	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.				

<b>L</b>	<b>STAND-BY PERSON</b>		
	When a change of Stand-by Person occurs complete SECTION N on reverse side of this certificate.		
	Print name:	Time on:	Date:
	Signature:	Time off:	

<b>Q</b>	<b>CERTIFICATE CANCELLATION</b>		
	Confined Space inspected and ready for return to normal operation	Yes	Time: Date:

	CSEC Recipient	Print name:	Signature:
	CSEC Issuer	Print name:	Signature:
<b>Distribution Prior to Commencing Work:</b>	White Copy – Confined Space	Yellow Copy – Lockbox	
	Pink Copy – ERT Office	Blue Copy – Book fast	

N	<b>STAND-BY PERSON LOG</b> Only an authorised Stand-by Person shall control confined spaces. Each Stand-by Person shall neatly enter their name onto this register, sign their name and list the time at which they take control of the confined space.			
	NAME	SIGNATURE	TIME ON	TIME OFF

[illegible][illegible]


P	CERTIFICATE SUSPENDED									
	TIME	REASON		NAME OF PERSON		SIGNATURE	REACTIVATED TIME		SIGNATURE	