



**PORT WORKS APPLICATION
CONFINED SPACE ENTRY**

THIS IS AN APPLICATION TO OBTAIN PERMISSION FROM THE PORT OF PORTLAND TO CONDUCT WORKS AND DOES NOT REMOVE THE REQUIREMENT FOR PORT USERS TO COMPLETE THEIR OWN SAFE SYSTEMS OF WORK, INCLUDING PERMITS WHERE REQUIRED.

Confined spaces include spaces such as those in a vat, tank, pit, pipe, duct, flue, oven, chimney, silo, reaction vessel, underground sewer, well, shaft, trench, tunnel or other similar enclosed or partially enclosed structure, which meet certain conditions.

Company / Vessel Name	
Name of Operator(s)	
Nominated Responsible Person	
Emergency contact number	

Location of Works	
Description of Works	
How is access to c/s gained?	

Precautions	Where a person is working within two meters of an unprotected edge and could fall a distance of two meters or more onto a surface that may cause injury, that person must wear appropriate fall restraint/arrest equipment.	
Safe System of Work	Is a safe system of work in place (i.e. JSEA, Risk Assessment etc)?	Yes <input type="checkbox"/> No <input type="checkbox"/> → JSEA to be completed
	Has rescue plan been developed which includes ingress and egress	Yes <input type="checkbox"/> No <input type="checkbox"/> → Plan to be developed
Controls	Portable gas detection equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Safety barrier signs	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Portable radio	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Fall protection equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	PPE (Respirator, eye protection, hearing protection, gloves, protective clothing, SCBA)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	MSDS Sheet available	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Area restricted to essential personnel	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Scaffolding required	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Fire extinguisher	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Adequate lighting	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Ventilation (natural, forced, continuous)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Isolation (Electrical, mechanical, valves secured and tagged)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Access doors and manhole covers opened with danger tags attached	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Entry board and log	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Rescue equipment on standby	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

THIS APPLICATION IS ISSUED SUBJECT TO THE FOLLOWING CONDITIONS

- Applications are issued on the day of work activities and are valid for the duration of the task.
- The Application shall be in the possession of the operator before work is commenced and must be retained in their possession throughout the operation and be produced on demand to any authorised Officer of the Port of Portland.
- A valid Application covers only the work stated thereon and a further Application must be obtained before any additional work is commenced.
- For work aboard ships this Application is issued subject to current / state regulations.

ACKNOWLEDGEMENT

The above confined space has been inspected and as far as can be determined, it is clear of the danger of falling objects, dust, obstructions and any other dangerous conditions. I acknowledge that it is my responsibility to ensure that all persons engaged in this work, whether employed directly or on sub contract have been suitably trained and execute their duties in a safe manner in accordance with the requirements of this Application.

Required From	DATE: ____/____/____	TIME: ____:____	24 Hr clock
Required to	DATE: ____/____/____	TIME: ____:____	24 Hr clock
Name			
Signature		Contact number	
POPL Issuing Officer		Contact number	
Signature		Date of Issue	

This Application must be completed and signed prior to any work activities and retained until the completion of the works.

SITE EMERGENCY PHONE NUMBER: 5525 0900