

## ESTATES OFFICE

<b>(E) CONFINED SPACE PERMIT (CSP)</b>		<b>CSP Ref No:</b>
<b>This CSP is requested in connection with Permit to Work (PTW) Ref:</b>		
<p>A Confined Space Permit is required for work to be carried out in any place, including any vessel, tank, container, pit, bund, chamber, cellar or any other similar space which, by virtue of its enclosed nature, creates conditions that give rise to a likelihood of an accident, harm or injury of such a nature as to require emergency action due to the presence or reasonable foreseeable presence of:</p> <ul style="list-style-type: none"> <li>- flammable or explosive atmospheres</li> <li>- harmful gas, fume or vapour</li> <li>- free flowing solid or an increasing level of liquid</li> <li>- excess of oxygen</li> <li>- excessively high temperature</li> <li>- the lack or reasonably foreseeable lack of oxygen</li> </ul> <p><b>For additional information refer: <a href="http://www.hsa.ie/eng/Topics/Confined_Spaces/#">http://www.hsa.ie/eng/Topics/Confined_Spaces/#</a></b></p>		
<b>Contractor's Name:</b>		<b>CSP Request Date:</b>
<b>Contact Name:</b>		<b>Contact Phone No:</b>
		<b>Email Address:</b>
<b>Location where excavations to be undertaken:</b>		
<b>Description of Confined Space Works to be undertaken:</b>		
<b>Confined space commencement time &amp; date:</b>		
<b>Confined space completion time &amp; date:</b>		
<b>REQUIRED PRECAUTIONS DETAILS</b>		<b>Delete as appropriate</b>
<b>1. General Precautions</b>		
1.1 Safe systems of work are in place and will be implemented.		Yes / No
<b>2. Specific Precautions</b>		
2.1 <b>Testing of Atmosphere:</b> Confirm testing of atmosphere in space(s) will be carried out and results submitted to Estates Office prior to works commencing.		Yes / No
2.2 <b>Isolation from Hazardous Substances:</b> Confirm that space will be securely isolated from all sources of ingress of dangerous fumes, liquids, water, steam, materials etc whilst works are being undertaken.		Yes / No
2.3 <b>Cleaning, Purging and Ventilation:</b> Confirm that space will be purged of all dangerous fumes, liquids, water, steam, materials etc. prior to works commencing.		Yes / No
2.4 <b>Isolation from Energy Sources:</b> Confirm that space will be securely isolated from all energy sources including electrical power, mechanical power, heat etc.		Yes / No
2.5 <b>Hot Work:</b> Separate HWP to be provided		Yes / No
3. <b>Other Precautions to be taken:</b> Specify additional precautions to be taken, and limitations on work, work equipment, work materials, etc.:		Yes / No / NA
<b>Competent person responsible for overseeing work:</b> I have read and understood this permit and will undertake to work in accordance with the conditions and precautions specified.		
<b>PERMIT APPROVAL</b>		
<b>Contractor Signature:</b>	<b>Print Contact Name:</b>	<b>Date:</b>
<b>Approver Signature:</b>	<b>Print Approver Name:</b>	<b>Date:</b>
<b>Permit Cancelled by:</b>		<b>Date:</b>