



# EMERGENCY PLAN

In the event of an emergency, follow these steps.

## 1 SIGNAL FOR AN EVACUATION

The signal is: \_\_\_\_\_

Shutdown tools and evacuate via the nearest exit.

## 2 CALL FOR ASSISTANCE

La Trobe contact name: \_\_\_\_\_

Contact number: \_\_\_\_\_

## 3 ASSIST THOSE IN DANGER

Assist others **ONLY** if safe to do so.

Do not enter a hazardous atmosphere.

Ventilate and assess gas monitor levels.

Designated First Aider (can be Permit Authority): \_\_\_\_\_

Retrieval Method (in detail): \_\_\_\_\_

## 4 GO TO ASSEMBLY AREA

Location: \_\_\_\_\_

Remain in the assembly area until all people have been accounted for.

### Emergency equipment requirements

Supplied air breathing apparatus

Escape air

Lifeline and retrieval system

Stretcher

First aid kit

Oxygen therapy

Fire extinguisher

Emergency lighting (torches)

Phone

**Permit information and conditions**
**Can the task be undertaken outside the confined space?**

- Confined spaces will be labelled 'DANGER – CONFINED SPACE – ENTRY BY PERMIT ONLY'.
- Only trained personnel can access a confined space and evidence must be provided of training received.
- A standby person can not access the confined space and must have a current first aid certificate.

**Permit conditions**

- 1 Only an 'authorised' Permit Authority can issue the permit.
- 2 Permit Authority must be satisfied that work is performed according to the Permit (e.g. appropriate level of supervision) and the area made safe on completion.
- 3 Only an 'authorised' Permit Authority can close the permit.

Company (if applicable) \_\_\_\_\_

Work Request/Project number \_\_\_\_\_

**Work details**

 Date (permit valid for today only) / / 

Description of work required \_\_\_\_\_

 Type and name of space to be entered  
(include location and type: pit, culvert, etc.) \_\_\_\_\_

Location \_\_\_\_\_

Substance(s) / product(s) last stored in the confined space (if known) \_\_\_\_\_

**Preparation for entry**

SWMS completed and controls identified (refer overleaf)

Have you notified the affected areas/departments of service interruption? Yes No NA

Name of affected person(s) notified \_\_\_\_\_

Signature \_\_\_\_\_

 Date / /  Time \_\_\_\_\_ am pm

**Isolation methods** (please tick)

 Lockout/tagout – mech/elec drives    Blank/spade – steam product    Ventilate – fumes/gases    Signs    Barriers – entry  
 Purge/clean – materials

Other \_\_\_\_\_

**Personal awareness**

Pre-entry briefing on specific hazards, risks and control methods

Notify all personnel of permit conditions

Other \_\_\_\_\_

 Each person entering or acting as a Standby Person has provided evidence of confined space training within the last 2 years. **If not, they are not to enter.**

 Personnel entering or acting as Standby personnel are fit for the work as per procedure? **If not, they are not to enter.**
**Ventilation method**    Natural    Mechanical (supply air / exhaust air)    Fixed

Emergency Plan completed? Yes No

Emergency Plan rehearsed? Yes No

Assembly area communicated to workers? Yes No

Emergency Plan including Retrieval Method to be provided in detail on a separate document. This must be reviewed by the Permit Authority.

**Atmospheric testing**

	Result prior to entry	Acceptable parameters	Re-test 1 Time:	Re-test 2 Time:	Re-test 3 Time:	Re-test 4 Time:
Oxygen (O <sub>2</sub> )		19.5 – 23.5%				
Flammability		<5% LEL				
Hydrogen Sulphide (H <sub>2</sub> S)		<10 ppm				
Carbon Monoxide (CO)		<30 ppm				
Other						
Tester initials						

**Bump Test** Time \_\_\_\_\_ am pm

Attach test results (if applicable)

**Standby details and authorisation**

Standby Person \_\_\_\_\_ Assistant Standby (where required) \_\_\_\_\_

Standby Person or Assistant has a current First Aid Certificate (includes training in cardio pulmonary resuscitation) **If not, seek another person.**

**LA TROBE UNIVERSITY USE ONLY: Approval (Authorised Permit Authority)**  
 I certify that I have inspected the above confined space and that it will be safe to enter (Refer Risk Assessment).  
 On this day   /   /     **from** \_\_\_\_\_ **am** **pm** **to** \_\_\_\_\_ **am** **pm**  
 Print name \_\_\_\_\_ Signature \_\_\_\_\_

**Permit Holder/s**

I understand the hazards involved and the precautions to be taken.  
 I will ensure that hazards and work precautions are explained to all other persons who will be working on this job.  
 On completion of the work covered by this Permit I will ensure all persons, materials and equipment have been removed from the area.

**Person(s) undertaking work** (Permit Holder)  
 I acknowledge that I have been consulted on the work to be performed and agree to comply with the controls stated on the permit.

Name \_\_\_\_\_ Signature \_\_\_\_\_

**Entry register**

Name	Time in	Time out	Signed

Note: For work continuing into a new shift (with different people), or into the next day, **a new permit is to be written.** This will ensure that an appropriate inspection is made prior to work continuing and that personnel signing on to the permit are made aware of the hazards and the controls in place.

**Completion of work (Standby Person)**

I certify that all personnel, tools and equipment have been withdrawn, all guards and covers replaced, LOTO devices removed and all barriers and notices withdrawn.

**Work status**    Complete    On-going    Suspended

Print name \_\_\_\_\_ Signature \_\_\_\_\_

Date   /   /     **Time** \_\_\_\_\_ **am** **pm**

**LA TROBE UNIVERSITY USE ONLY: Inspection and recommissioning (Permit Authority)**  
 The above confined space has been inspected and is safe to be put back into service.  
 Print name \_\_\_\_\_ Signature \_\_\_\_\_  
 Date   /   /     **Time** \_\_\_\_\_ **am** **pm**

Hazard identification	Is there a risk?			Controls implemented (please tick)
Low oxygen	Yes	No	NA	Ventilate Monitor gas levels at all times
Toxic gas	Yes	No	NA	Ventilate Monitor gas levels at all times
Harmful substance	Yes	No	NA	Remove substance prior to entry Contain or enclose substance Wear respiratory protection – <b>Type:</b> Check MSDS before entry Wear PPE – gloves, boots, eye protection
Fire / Explosion (is a Hot Works Permit required?) <ul style="list-style-type: none"> <li>▪ Flammable gas</li> <li>▪ Flammable liquid</li> <li>▪ Combustible solid</li> <li>▪ Combustible dust</li> </ul>	Yes	No	NA	Ventilate Monitor gas levels during entry Follow site Hot Works procedures Provide extinguisher (not CO <sub>2</sub> ) or charged fire hose Fire blanket available No mobile phones in confined space Complete a Hot Works permit?
Fall from heights (is a Work at Heights permit required?)	Yes	No	NA	Erect an edge barrier Keep hands free when climbing, maintain 3 points of contact Complete a Work at Heights permit Wear fall arrest PPE
Falling objects	Yes	No	NA	Relocate loose objects Anchor / secure equipment Install edge board Wear a hard hat
Eye injury	Yes	No	NA	Wear eye protection
Electric shock (is a Designated High Risk Activity Permit required?)	Yes	No	NA	Isolate power supply Use low voltage equipment where possible Connect to ELCB (outside space) Complete a Designated High Risk Activities Permit Use IEC rated equipment
Entanglement	Yes	No	NA	Isolate equipment Provide fixed or temporary guards
Pressure release	Yes	No	NA	Isolate equipment Release stored pressure
Engulfment or flooding	Yes	No	NA	Isolate source Install work restraint system Install raising, lowering and retrieval system
Noise or vibration	Yes	No	NA	Relocate equipment Wear hearing protection
Manual handling	Yes	No	NA	Rearrange work area to eliminate lifting Use load lifting aids
Slips, trips	Yes	No	NA	Manage traffic in area Install temporary lighting Wear hardhat and safety boots
Heat stress	Yes	No	NA	Reschedule if possible Allow the space to reach ambient temperature Rotate work or increase the work: rest ratio Maintain water intake
Burns	Yes	No	NA	Provide fixed or temporary guards Cool area before entry Wear PPE – gloves, boots, eye protection
Cuts or abrasions	Yes	No	NA	Provide fixed or temporary guards Wear PPE – gloves, boots, eye protection
External traffic or works	Yes	No	NA	Stop or relocate external works Display signs and barricades
Entrapment	Yes	No	NA	Provide fixed or temporary guards Install raising, lowering, retrieval system Select most appropriate personnel
Crushing	Yes	No	NA	Isolate equipment Provide fixed or temporary guards Provide shoring for trenches/excavations
Biological	Yes	No	NA	Remove substance prior to entry Contain or enclose Minimise creation of airborne levels

Other (define below)

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