

## CRITICAL CONTROL VERIFICATION

### SERIOUS INJURY AND FATALITIES - SIF HAZARD – CONFINED SPACE

<b>DATE:</b>		<b>VERIFIER:</b>		<b>SITE:</b>	
<b>TIME:</b>		<b>TASK:</b>		<b>LOCATION:</b>	

IDENTIFICATION OF CONFINED SPACES	YES	NO	N/A
Are all confined spaces <b>identified</b> by signage with a specific identifying label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK ASSESSMENT	YES	NO	N/A
Is there an effective and compliant <b>Permit to Work</b> in place (completed, signed and all personal locks in place)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a <b>Confined Space Risk Assessment</b> (S1891) been completed, available at the confined space entry point, signed off by all work party members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ISOLATION	YES	NO	N/A
Have all personnel entering or exiting the confined space placed/removed their <b>isolation locks and tags</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the <b>OIC checked each isolation</b> , walked the line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENTRY POINTS AND OPENINGS	YES	NO	N/A
Are all <b>entry points controlled</b> (via barricading, OIC Control Point Lock and warning, confined space danger tape, signage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all other <b>openings secured</b> to prevent entry via fixed barriers and Confined Space Danger Tape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all members of the work party signed onto the <b>Sign On/Sign Off sheet (S1833)</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATMOSPHERE	YES	NO	N/A
Is the confined space atmosphere <b>continually monitored</b> using calibrated bump tested equipment (required where atmosphere can be affected)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are atmospheric monitoring results captured on the <b>Atmospheric Testing Form (S1890)</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all identified <b>atmospheric hazard controls</b> in place (e.g. purging, ventilation, cleaning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONFINED SPACES EQUIPMENT	YES	NO	N/A
If Hot Work is being conducted, has a <b>Hot Work Control Checklist</b> been implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all <b>electrical equipment</b> inspected, tagged and tested and protected by an RCD outside the space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are <b>gas cylinders</b> located outside the confined space (breathing apparatus excepted)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all <b>gas lines</b> depressurised, torches turned off and removed from the space when work ceases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESCUE	YES	NO	N/A
Has a documented <b>rescue plan</b> been developed (S1889)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a nominated, trained <b>standby person</b> present at the entry point that has constant communication with people inside the confined space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are trained <b>emergency personnel</b> readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPETENT PEOPLE	YES	NO	N/A
Is the OIC / PICW in control of the confined space been <b>trained in supervising a confined space</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS