



# Lusail Real Estate Development Company

## Health, Safety, Security, Environment, Logistics & Quality Department

### Lusail Construction Safety Procedural Forms/Checklists – Confined Space Entry Permit

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Document No LUS-HSE-FM4-446-037.01 Rev 1



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#### COMPANY PROPRIETARY INFORMATION

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

### Amendment Record

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev. No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford		1 <sup>st</sup> April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford <i>Michael Ford</i>		1 <sup>st</sup> April 2015

	Permit to Work (PTW)	LUS-HSE-FM-446-037.01	
		Issue Date:	Permit #:

**PERMIT VALID FOR ONE 10 HR SHIFT ONLY. PERMIT SHALL REMAIN AT SITE UNTIL JOB IS COMPLETED OR CANCELLED.**

SITE LOCATION/ DESCRIPTION: \_\_\_\_\_

PURPOSE OF ENTRY: \_\_\_\_\_

SUBCONTRACTOR NAME: \_\_\_\_\_

NAME OF ENTRY SUPERVISOR & ENTRY ATTENDANT: \_\_\_\_\_

COMMUNICATION PROCEDURES: \_\_\_\_\_

RESCUE PROCEDURES AND PHONE NUMBERS: \_\_\_\_\_

REQUIREMENTS COMPLETED	YES	NO	N/A
Emergency response plan in place/ Service or ERT available			
Personal protective equipment provided			
Fire extinguisher(s) provided			
Air monitoring equipment calibrated (see below)			
Work area barricaded & secure			
Mechanical ventilation provided			
Space provided w adequate lighting (explosion safe)			
Respiratory protection equipment available			
All required lockout/ tagout/ blockout has been performed			
Required personnel are in position			
Retrieval equipment available and/ or set up			
Personal fall arrest/ retrieval equipment is used			

ADDITIONAL EQUIPMENT PLANNED/ USED: \_\_\_\_\_

ENTRANT NAME(S)	TASK/ POSITION	SIGNATURE

Gas/ Vapor to be Monitored	Permissible Entry Concentration	Results							
Time of Recording									
Percent of Oxygen (% O2)	19.5% - 22.0 %								
Lower Exploive Limit (LEL)	< 10 %								
Carbon Monoxide (CO)	< 25 ppm								

REMARKS: \_\_\_\_\_

GAS TESTER NAME: \_\_\_\_\_ EQUIPMENT(S) MODEL#/ SERIAL #: \_\_\_\_\_

**AUTHORIZATION TO WORK- JOB HAZARD ANALYSIS FOR THIS JOB MUST BE ATTACHED TO PERMIT**

HSE AUTHORIZATION—ALL CONDITIONS SATISFIED: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ENTRY SUPERVISOR SIGN: \_\_\_\_\_ ENTRY ATTENDANT SIGN: \_\_\_\_\_

<b><u>Permit Terminated By:</u></b>	<b><u>Date:</u></b>	<b><u>Time:</u></b>
<b>Name:</b> _____	<b>Sign:</b> _____	