

Summary of Controls to be applied to every entry

Refer to Risk Assessment No.: _____

ATMOSPHERE TESTING:			
Frequency: continuous <input type="checkbox"/>		<input type="checkbox"/> periodic (every minutes)	
Test Atmosphere for: (Please Mark X).			
(a) Oxygen (O ₂)	(d) Hydrogen Sulphide (H ₂ S)	(g) Sulphur Dioxide (SO ₂)	
(b) Flammable Gas (L.E.L.)	(e) Chlorine (Cl ₂)	(h) Ammonia (NH ₃)	
(c) Carbon Monoxide (CO)	(f) Carbon Dioxide (CO ₂)	(i) Other (specify)	
STANDBY:			
How many standby persons are required:			
If more than one, where are they to be positioned:			
VENTILATION:			
Purging required prior to entry?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
What kind of ventilation is required:			
PERSONAL PROTECTIVE EQUIPMENT (P.P.E.): - Please Mark X			
PROTECTION REQUIRED:		EQUIPMENT TYPE:	
a) Respiratory	SCBA	Airline BA	
b) Head protection	Hard Hat	Hair Net	
c) Eye/face Protection	Glasses	Goggles	Face shield
d) Foot Protection	Safety Boots	Safety Gum Boots	PVC/Nitrile Shoes
e) Hand Protection	Leather/Rigger Gloves	PVC Gloves	Nitrile Gloves
f) Protective Clothing	Disposable Overalls	Cotton Drill	PVC Coat & Pants
g) Hearing protection	Plugs	Muffs	
h) Other (specify)			
SAFETY EQUIPMENT: - Please Mark X			
a) Gas Monitor	f) Ladder	n) Barricades/Signs	
b) Full Harness	j) Safety Lines	o) Fire Ext. (Type)	
c) Shock Absorbing Lanyard	k) Portable Lighting	p) First Aid Kit	
d) Tripod	l) Personal Danger Tags	q) Earth Leakage	
e) R.P.D. (Fall arr/Winch)	m) Out of Service Tags	r) Other (specify below)	
ISOLATION REQUIRED: List equipment to be isolated:(Attach list or "Isolation Checklist" if necessary).			
a)			
b)			
c)			
d)			
Is barricading required:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
EMERGENCY & RESCUE PROCEDURES			
- Type of communications (Internal):			
(External):			
- Emergency Services (Phone etc.):			
- Equipment required to be set up on site prior to entry:			
- Emergency Plan (brief description):			

