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| ***Unique Identified*** | Permit No.:       | Isolation Certificate No.:       | CSE Risk Assessment No.:       |

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| **General Information** |
| Work Description: |       |
| Location: |       | Equipment: |       |
| SIMOPS |
| **Date Requested:** |       | Are SIMOPS likely to occur? [ ]  Yes [ ]  No |
| **Can CSE be avoided?** | [ ]  Yes [ ]  No | *(If YES, a SIMOPS plan must be agreed as perlocal Simultaneous Operations Procedure)* |
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| **Preparation Steps** |
| **Confirm** | **Action** |
| [ ]  | Achieve positive isolation. If positive isolation cannot be achieved, then the job must be stopped, and a Non-Standard Isolation Risk Assessment conducted as per the *Isolation Procedure* (PET-HSE27-SF-PRD-00005). |
| [ ]  | Document a Risk Assessment and Rescue Plan using the *Confined Space Entry Risk Assessment* (PET-HSE27-SF-FRM-00015). Confirm the Rescue Plan has primary and secondary rescue options. |
| [ ]  | Prepare the confined space as described in the completed *Confined Space Entry Risk Assessment* (PET-HSE27-SF-FRM-00015). |
| [ ]  | Barricades erected around work area with appropriate signage. |
| [ ]  | Barricade available to prevent unauthorized entry into the confined space during job breaks. |
| [ ]  | Forced air ventilation available (if needed), capable of maintaining a safe atmosphere in the confined space. |
| [ ]  | Continual atmospheric monitoring, and periodic recording of the same, established. |
| [ ]  | Each entrant witnessed atmospheric test results and isolation arrangements for the job. |
| [ ]  | Entry cancellation criteria, communication protocol for evacuation, and plan for closure of the space determined (including response protocol for local alarms). |
| [ ]  | Rescue Plan exercised prior to entry. (at a minimum, a tabletop discussion must be held). |
| [ ]  | Safe Job Plan and associated hazards and controls discussed with the work team prior to entry. |
| [ ]  | Debrief planned with the work team at the conclusion of the entry to discuss the job and hazards identified or created whilst working in the confined space. |

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| Initial Gas Test |
| **Certified Gas Detection Information** |
| Serial No.:       | Calibration Date:       |
| Confirm initial Gas Test prior to entry? | [ ]  complete  | Date:       | Time:       [ ]  am [ ]  pm |
| LEL %:       | Oxygen %:     | H2S ppm:      | Other:       | Other:       |
| **Initial gas test performed by:** Any LEL or Toxic gas reading above **ZERO** must be covered in Risk Assessment. |
| Name (print):      | Signed: | Date / Time:      |

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| **NOTE** | Positive pressure breathing equipment *(i.e., SCBAs)* must be worn by the entrants during an initial atmospheric testing and for any entries above 0% LEL. No entry is allowed into the space with atmospheres greater than 10% LEL.**Any toxic levels above 0 must be verified acceptable by Woodside Energy Health and Hygiene group** ***(i.e., CO, H2S, Benzene etc.).*** |

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| U:\Graphics\Warning Icon\Warning_Icon2.png | If at any time during the job, conditions change outside of what is allowed by this certificate the job MUST be Stopped and the Work Permit suspended until the area is re-evaluated by the Permit Issuer. |

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| U:\Warning Icon\Warning_Icon.png | **TO BE COMPLETED IN INK*****Authorized entrants must log in and out with the attendant. The attendant must immediately terminate the permit if a permit condition is violated or if the scope of work changes.*** |
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| **Authorized Entrant** | **Company** | **IN** | **OUT** |
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| **Current Entry Attendant** ***(cannot be the Entry Supervisor)*** | **Company** | **ON DUTY** | **OFF DUTY** |
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| **Current Entry Supervisor*****(cannot be the Entry Attendant)*** | **Company** | **ON DUTY** | **OFF DUTY** |
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| **Authorized Entrant** | **Company** | **IN** | **OUT** |
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| **Current Entry Attendant** ***(cannot be the Entry Supervisor)*** | **Company** | **ON DUTY** | **OFF DUTY** |
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| **Current Entry Supervisor*****(cannot be the Entry Attendant)*** | **Company** | **ON DUTY** | **OFF DUTY** |
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