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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 per local 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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