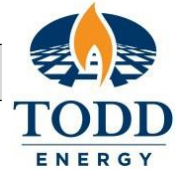


PTW Safety Checklist No. 46



USE OF BREATHING APPARATUS (BA) FOR NON-RESPIRABLE ATMOSPHERES – Includes entry inside any confined space, tank or vessel

Other Checklists that may be relevant:		45
Permit Number:		Date:
Rev 3.0	Issue Date: 10/01/2019	Authorised By: PSM

NOTE 1:

This checklist is to ensure that requirements and precautions are in place for planned use of BA in non-respirable atmospheres, including into a confined space.

NOTE 2:

Any specialist work activity that requires use of BA but not in a Confined Space will be controlled by PICWS (subject expert); the Safety Observer is a member of the BA Team.

Entry into a confined space will be controlled by Safety Observer (as per CPTW Manual and checklist 45); a separate permit is required for the activity within the Confined Space. In all cases the Safety Observer and BA Entry Controller is the same person.

PRIOR TO PERMIT ISSUE:

PART 1: To be checked jointly by the PICWS and the Permit Issuer:

	Y	N	N/A
1 All other <i>Reasonably Practical</i> alternatives to the use of BA have been considered.	<input type="checkbox"/>		
2 Specific responsibilities are agreed by all those involved in the work including a plan of action to be taken in the event of an emergency.	<input type="checkbox"/>		
3 All persons involved in this work are properly trained and competent in the use of Breathing Apparatus (US-3272).	<input type="checkbox"/>		
4 All relevant conditions of Checklist # 45 – Work Inside any Confined Space, Tank or Vessel, have been agreed by the BA Team.	<input type="checkbox"/>		
5 Correct application of BA equipment and pre-use checks is as per procedure STA-01.14 – Use of Breathing Apparatus.	<input type="checkbox"/>		
6 WorkSafe has been notified or notification is current (OSH informed of intention to wear BA in non-respirable atmospheres and all procedures used to control work and personnel). NOTE: Check that Todd Energy may have a blanket application for fixed time period i.e.: 6 months.	<input type="checkbox"/>		<input type="checkbox"/>
7 The PICWS has read the HSE Case, Health Risk Assessment (HRA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Physical hazards associated to the specified task that requires use of BA are identified and controlled and a Job Hazard Analysis (JHA) is attached to permit.	<input type="checkbox"/>		
9 Access and egress is adequate for persons entering or leaving the work site while wearing BA equipment, or alternative systems are in place to facilitate ease of entry for BA equipment.	<input type="checkbox"/>		<input type="checkbox"/>

- | | | Y | N | N/A |
|----|---|--------------------------|--------------------------|-----|
| 10 | The appropriate rescue equipment is available and ready for use at the site of activity. | <input type="checkbox"/> | | |
| 11 | The number of personnel involved in wearing of BA has been kept to a minimum.
Specify Number: _____ | <input type="checkbox"/> | | |
| 12 | The BA workforce is physically and mentally fit for the task and all monitoring requirements have been initiated. | <input type="checkbox"/> | | |
| 13 | Is general stress, cold stress or heat stress likely to be a factor when using BA? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 | The rescue team is gathered onsite and has been briefed on the work activity? | <input type="checkbox"/> | | |
| 15 | The Asset Holder approves the use of BA for a non-respirable atmosphere.
Signed: _____ | <input type="checkbox"/> | | |

PICWS _____

DATE: _____

PERMIT ISSUER: _____

DATE: _____

PART 2: To be checked jointly by the PICWS and the persons wearing BA (completed after checks in Part 1 have been completed).

- | | | Y | N | N/A |
|----|---|--------------------------|---|--------------------------|
| 16 | The specific procedures for this work, that requires use of BA, have been read and understood by all involved. | <input type="checkbox"/> | | |
| 17 | All other hazard management and control i.e.: work permit, JHA and checklists are understood? | <input type="checkbox"/> | | |
| 18 | Lighting, continuous communications and emergency signals are appropriate, in place and understood? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 19 | List the specific PPE required for the task:

_____ | | | |
| 20 | Type of breathing apparatus to be used has been agreed) i.e. use of compressor, longline or SCBA) is certified, has been tested and is functioning as per procedure STA-01.14 . | <input type="checkbox"/> | | |
| 21 | Agreement has been reached on specific safety concerns, includes adequate rest periods, replacement cylinders, heat or cold stress monitoring, fluid replenishment, weather effects and due regard given to strenuous nature of work. | <input type="checkbox"/> | | <input type="checkbox"/> |
| 22 | If using a BA compressor in the field, does the compressor have a clean air supply? | <input type="checkbox"/> | | |
| 23 | Does the compressor, associated filters, cylinders and air lines have suitable barricades and warning signs to prevent interference by others? | <input type="checkbox"/> | | <input type="checkbox"/> |

TANK FOR VESSEL ACCESS:

- | | Y | N | N/A |
|--|--------------------------|----------|--------------------------|
| 24 Check that all ladders and platforms are of suitable size, grease free and in good condition for BA access. | <input type="checkbox"/> | | <input type="checkbox"/> |
| 25 All obstructions inside a tank or vessel have been identified and a plan agreed on how these obstructions are mitigated or safely managed. | <input type="checkbox"/> | | |
| 26 Has consideration been given to provision of ducting or forced air ventilation to the work area? | <input type="checkbox"/> | | <input type="checkbox"/> |

DATE:

TIME:

PICWS:

BA PERSONNEL: