

# REFLECTIONS Detailing

Reflections Detailing  
Sydney City Marine  
37 James Craig Rd  
ROZELLE NSW 2039

Phone:  
Email:

0411 701 570  
Admin@ReflectionsDetailing.com.au

AFT

|                                     |                          |
|-------------------------------------|--------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            |                          |

## Confined Space Permit to Work

|                                       |                                                                   |                          |           |
|---------------------------------------|-------------------------------------------------------------------|--------------------------|-----------|
| Work Order No:                        |                                                                   |                          |           |
| Location of Works:                    | Sydney City Marine<br>Serco Shed<br>FTL<br>Starboard Forward void |                          |           |
| Description of Works:                 | grinding & welding                                                |                          |           |
| Issue Date:                           | Wed 26 Nov 2025                                                   | Time:                    | 8:00      |
| Risk Assessment Attached & Completed: | YES                                                               | Valid to:                | 18:00     |
| Confined Space Authoriser:            | F. Selhr 0481848765                                               | Site Induction Required: | YES       |
|                                       |                                                                   | Cert No                  | 261125-01 |

### Requirements

| Entrants PPE        |   |
|---------------------|---|
| Respirator          | X |
| Breathing Apparatus |   |
| Eye Protection      | X |
| Hard Hat            |   |
| Hand Protection     | X |
| Protective Clothing | X |
| Hearing Protection  | X |
| Lifeline            |   |
| Harness             | X |

| Other                             |   |
|-----------------------------------|---|
| Mechanical Ventilation            | X |
| Fire Extinguisher                 | X |
| Gas Meter                         | X |
| Eye Wash                          | X |
| 2-way Communication               |   |
| Confined Space Signage            | X |
| Safety Barriers                   | X |
| Intrinsically Safe Equipment Only |   |
| 1st Aid Kit                       | X |

| Paperwork to Attach |   |
|---------------------|---|
| Rescue Plan         | X |
| Entry Register      | X |
| JSA                 | X |
| MSDS                | X |
| Hot Works           | X |

| Rescue               |   |
|----------------------|---|
| Harness              |   |
| 2-way communication  |   |
| Mobile Phone         | X |
| Full Face Respirator |   |
| Breathing Apparatus  |   |
| Rescue Winch         | X |
| Chemical Suit        |   |
| Rescue Personnel     |   |

| Isolations (Non Required X) |  |                           |  |
|-----------------------------|--|---------------------------|--|
| Power to be Tagged          |  | Waste Pump to be Tagged   |  |
| Fuel Pump to be Tagged      |  | Ventillation to be Tagged |  |
| Fire Systems to be Tagged   |  | Compressor to be Tagged   |  |
| Isolations Removed          |  |                           |  |

Authorised By:

Florian Selhr

[Signature]

Closed By:

\_\_\_\_\_

\_\_\_\_\_





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# JSA - Confined Spaces

|                      |                       |                |                |                      |  |
|----------------------|-----------------------|----------------|----------------|----------------------|--|
| JSA Prepared By:     | Andrew Tuckey         | Last Reviewed: | Fri 08FEB21    | Read & Understood By |  |
| Description of Work: | grinding + welding    |                | Jose Lual Jose |                      |  |
| Vessel/Location      | FTL / Strb. Fwd. void |                | Wim van ploger |                      |  |
| JSA No:              | JSA01                 |                |                |                      |  |
| JSA Completed By:    | Florian S.            |                |                |                      |  |
| Date:                | Wed 26 Nov. 2025      |                |                |                      |  |

| Possible Hazards                                                     | Risks Without Controls                                                                                                                                                                        | Control Measure To Be Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Manual handling heavy equipment  | <input checked="" type="checkbox"/> Muscle strain<br><input checked="" type="checkbox"/> Dropping & damaging equipment<br><input checked="" type="checkbox"/> Damaging site                   | <input checked="" type="checkbox"/> Follow Manual Handling SWP<br><input checked="" type="checkbox"/> Use mechanical lifts where possible<br><input checked="" type="checkbox"/> Adequately protect work area & access way<br><input checked="" type="checkbox"/> Gloves<br><input checked="" type="checkbox"/> Safety boots                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Chemical spills                             | <input type="checkbox"/> Fumes<br><input type="checkbox"/> Burns<br><input type="checkbox"/> Environmental damage                                                                             | <input type="checkbox"/> Lids to be checked secure before transport to work area<br><input type="checkbox"/> Chemicals to be stored, transported & decanted in bunded containers<br><input type="checkbox"/> Ensure work area & access way adequately protected<br><input type="checkbox"/> Spill kit on hand<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> Respirator<br><input type="checkbox"/> Eye protection                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> Use of 18V power tools           | <input checked="" type="checkbox"/> Hand &/or eye injury<br><input checked="" type="checkbox"/> Noise                                                                                         | <input checked="" type="checkbox"/> Gloves<br><input checked="" type="checkbox"/> Eye protection<br><input checked="" type="checkbox"/> Hearing protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> Pedestrian hazards               | <input checked="" type="checkbox"/> Trips                                                                                                                                                     | <input checked="" type="checkbox"/> Use signage &/or barriers around obstructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> Working at height                           | <input type="checkbox"/> Falls                                                                                                                                                                | <input checked="" type="checkbox"/> Maintain & tidy & organised work site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Drop at entry                    | <input checked="" type="checkbox"/> Falls                                                                                                                                                     | <input type="checkbox"/> Barricading to be erected near falls<br><input type="checkbox"/> Harness & fall arrestor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> Opening unvented/closed space               | <input type="checkbox"/> Dangerous gases<br><input type="checkbox"/> Low oxygen<br><input type="checkbox"/> Infection<br><input type="checkbox"/> Skin irritants                              | <input checked="" type="checkbox"/> Barricading around entry<br><input type="checkbox"/> Harness & fall arrestor to be used<br><input checked="" type="checkbox"/> Ladders secure & suitable for task<br><input type="checkbox"/> Follow Gas Test Atmosphere guidelines while opening space<br><input type="checkbox"/> Check tank contents before opening<br><input type="checkbox"/> Constantly monitor atmosphere around access panel<br><input type="checkbox"/> Leave space open for 24 hours before accessing<br><input type="checkbox"/> Disinfect opening & hatch<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> Breathing apparatus<br><input type="checkbox"/> Respirator<br><input type="checkbox"/> Eye protection |
| <input checked="" type="checkbox"/> Working in unvented/closed space | <input checked="" type="checkbox"/> Low oxygen<br><input type="checkbox"/> Flammable gases<br><input type="checkbox"/> H2S gas<br><input checked="" type="checkbox"/> Paint or chemical fumes | <input checked="" type="checkbox"/> Gas test atmosphere before entering space<br><input checked="" type="checkbox"/> Constant gas monitoring<br><input checked="" type="checkbox"/> Mechanically ventilate space<br><input type="checkbox"/> Breathing apparatus<br><input checked="" type="checkbox"/> Respirator                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Biological hazards                          | <input type="checkbox"/> Infection                                                                                                                                                            | <input type="checkbox"/> Flush & disinfect space before entry<br><input type="checkbox"/> Regular use of disinfectant in space & on equipment<br><input type="checkbox"/> Mechanically ventilate space<br><input type="checkbox"/> Clean & disinfect tools before exit<br><input type="checkbox"/> Breathing apparatus<br><input type="checkbox"/> Respirator<br><input type="checkbox"/> Chemical proof suit<br><input type="checkbox"/> Gloves                                                                                                                                                                                                                                                                                               |



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| Possible Hazards                                                                      | Risks Without Controls                                                                                                                                                                            | Control Measure To Be Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Skin irritants                                               | <input type="checkbox"/> Chemical burns<br><input type="checkbox"/> Chemical fumes                                                                                                                | <input type="checkbox"/> Mechanically ventilate space<br><input type="checkbox"/> Flush space before entry<br><input type="checkbox"/> Chemical proof suit<br><input type="checkbox"/> Breathing apparatus<br><input type="checkbox"/> Respirator<br><input type="checkbox"/> Eye protection<br><input type="checkbox"/> Gloves                                                                                                                                                                                |
| <input checked="" type="checkbox"/> Exterior works                                    | <input checked="" type="checkbox"/> Noise<br><input checked="" type="checkbox"/> Fumes                                                                                                            | <input checked="" type="checkbox"/> Arrange work in space around exterior works if possible<br><input checked="" type="checkbox"/> Mechanically ventilate space<br><input checked="" type="checkbox"/> Ensure permits & SWMS at project sign in station<br><input checked="" type="checkbox"/> Hearing protection<br><input checked="" type="checkbox"/> Constant gas monitoring<br><input checked="" type="checkbox"/> Respirator                                                                             |
| <input type="checkbox"/> Space filling when inside                                    | <input type="checkbox"/> Drowning/engulfment                                                                                                                                                      | <input type="checkbox"/> Pumps to be locked out or tagged                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Use of electrical equipment                       | <input checked="" type="checkbox"/> Electrocutation<br><input type="checkbox"/> Ignition source<br><input checked="" type="checkbox"/> Short circuit/fire                                         | <input type="checkbox"/> Use intrinsically safe equipment<br><input type="checkbox"/> Mechanically ventilate space<br><input checked="" type="checkbox"/> Check MSDS for flashpoints, ensure temp in space is below<br><input checked="" type="checkbox"/> Use of RCD with 240v tools<br><input checked="" type="checkbox"/> Dry powder fire extinguisher<br><input checked="" type="checkbox"/> 240v equipment to be tested & tagged<br><input checked="" type="checkbox"/> Use of waterproof plug protectors |
| <input checked="" type="checkbox"/> Distance or barriers between entrant & standby    | <input type="checkbox"/> Difficulty communicating with or hearing entrant                                                                                                                         | <input type="checkbox"/> 2-way communication<br><input type="checkbox"/> Regular vocal communication<br><input type="checkbox"/> Video monitoring of entrant<br><input type="checkbox"/> Regular life line communication                                                                                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> Grinding &/or sanding in space                    | <input checked="" type="checkbox"/> Dust & flying debris<br><input checked="" type="checkbox"/> Noise<br><input checked="" type="checkbox"/> Sparks<br><input checked="" type="checkbox"/> Injury | <input checked="" type="checkbox"/> Eye/face protection<br><input checked="" type="checkbox"/> Ear protection<br><input checked="" type="checkbox"/> Gloves<br><input checked="" type="checkbox"/> Respirator<br><input checked="" type="checkbox"/> Guards attached to angle grinders<br><input checked="" type="checkbox"/> Mechanically ventilate space<br><input checked="" type="checkbox"/> Hot works permit                                                                                             |
| <input type="checkbox"/> Space heated from hot water or sun                           | <input type="checkbox"/> Dehydration<br><input type="checkbox"/> Heat exhaustion                                                                                                                  | <input type="checkbox"/> Drinking water on hand<br><input type="checkbox"/> Mechanical ventilation<br><input type="checkbox"/> Short shifts in space                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Pressure cleaning                                            | <input type="checkbox"/> Flying debris<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Burns                                                                                        | <input type="checkbox"/> Eye/face protection<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> Ear protection                                                                                                                                                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> Use of chemical cleaners, paints or welding gases | <input checked="" type="checkbox"/> Chemical burns<br><input checked="" type="checkbox"/> Chemical fumes<br><input checked="" type="checkbox"/> Eye irritation                                    | <input type="checkbox"/> Chemical resistant clothing<br><input type="checkbox"/> Gloves<br><input checked="" type="checkbox"/> Eye/face protection<br><input type="checkbox"/> Breathing apparatus<br><input checked="" type="checkbox"/> Respirator<br><input checked="" type="checkbox"/> Mechanically ventilate space<br><input checked="" type="checkbox"/> Monitor STEL & TWA for CO exposure, or use breathing apparatus<br><input checked="" type="checkbox"/> MSDS available                           |
| <input checked="" type="checkbox"/> Personnel left behind                             | <input checked="" type="checkbox"/> Injury/death                                                                                                                                                  | <input checked="" type="checkbox"/> Standby to be present until all entrants have signed out<br><input checked="" type="checkbox"/> Check on sign out sheet all entrants out before closing permit                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> Equipment left behind                             | <input checked="" type="checkbox"/> Cause pump blockage or other issues                                                                                                                           | <input checked="" type="checkbox"/> Reinspect/double check space after removing equipment                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Entrant unresponsive                              | <input checked="" type="checkbox"/> Ability to remove entrant by external means<br><input type="checkbox"/> Unable to extract worker by external means                                            | <input checked="" type="checkbox"/> Entrant(s) to be connected to winch at all times<br><input type="checkbox"/> Rescue equipment on site<br><input type="checkbox"/> Rescue personnel on site<br><input checked="" type="checkbox"/> Harness to be worn by all entrants<br><input checked="" type="checkbox"/> 2-way communication available for rescue entrant<br><input checked="" type="checkbox"/> Mobile phone for contacting 1st aid & emergency services                                               |



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# Confined Space Entry Register

**Date:** \_\_\_\_\_

**Confined Space Authoriser:** \_\_\_\_\_

**Wed 26 Nov 2025**  
**Florian Seelher**

| Name       | Time On | Time Off         | Initials |
|------------|---------|------------------|----------|
| Jose Lopez | 11:03   | <del>12:40</del> | JL       |
|            |         |                  |          |
|            |         |                  |          |
|            |         |                  |          |

  

| Name                | Company | Entry & Exit Register |
|---------------------|---------|-----------------------|
| Will van Plattingen | GMS     | Qualifications: _____ |
|                     |         |                       |
|                     |         |                       |

[illegible][illegible]





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## Emergency Rescue Plan

| Extraction Equipment List |                                     |
|---------------------------|-------------------------------------|
| Harness                   | <input checked="" type="checkbox"/> |
| 2-way communication       | <input checked="" type="checkbox"/> |
| Mobile Phone              | <input checked="" type="checkbox"/> |
| Respirator                | <input type="checkbox"/>            |
| Breathing Apparatus       | <input type="checkbox"/>            |
| Rescue Winch/Pulley       | <input checked="" type="checkbox"/> |
| Chemical Suit             | <input type="checkbox"/>            |
| 1st Aid Kit               | <input checked="" type="checkbox"/> |

| Emergency Names & Contacts |                   |
|----------------------------|-------------------|
| 1st Aid                    | Andy 0418 499 356 |
| Rescue                     |                   |
| Standby                    |                   |
| Site Contact/Reception     | 02 8572 7800      |
| Project Manager            | Wes 0416 253 157  |
| Emergency                  | 000               |

If entrant is unresponsive in Confined Space, the standby person shall:

|                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| External Extraction Possible     | <input checked="" type="checkbox"/> | <ul style="list-style-type: none"> <li>Check atmosphere</li> <li>Check ventilation is working</li> <li>Perform external extraction</li> <li>Call 1st aid &amp; 000</li> <li>Advise Site Office/Reception &amp; Project Manager where to send emergency services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| External Extraction NOT Possible |                                     | <ul style="list-style-type: none"> <li>Call Rescue &amp; 1st Aid by radio or phone</li> <li>Re-check atmosphere</li> <li>Check ventilation is working</li> <li>Standby person to brief Rescue &amp; 1st Aid personnel of situation</li> <li>Rescue entrant to don harness, spreader bar and BA if required.</li> <li>Standby person to attach rescue winch or pulley to the rescuers harness</li> <li>1<sup>st</sup> aider to call 000, Site Office/Reception and Project Manager, advising them of the situation and what location</li> <li><i>(If the 1<sup>st</sup> aider has not arrived then the Standby person will start to make these calls)</i></li> <li>Advise other standbys operating permits under rescue personnels control to remove their entrants.</li> <li>Standby person and 1<sup>st</sup> aider to assist rescue personnel with entering the confined space</li> <li>Rescuer to find entrant and assess his condition</li> <li>Attach spreader bar and winch / pulley to entrants' harness</li> <li>Instruct Standby person to start operating the winch under guidance from Rescue</li> <li>Once entrant is out, 1st Aid Officer to administer CPR/First aid if necessary</li> </ul> |
| Post Rescue Tasks                | <input checked="" type="checkbox"/> | <p>Standby to close space and permit<br/>Preserve scene for investigation.<br/>Complete Incident report, give copy to head contractor.<br/>Contact Worksafe when possible.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Rescue Plan Read & Understood |  |  |
|-------------------------------|--|--|
| Rescue:                       |  |  |
| Rescue:                       |  |  |
| Standby:                      |  |  |
| Standby:                      |  |  |
| Standby:                      |  |  |
| Standby:                      |  |  |