

## Confined Space Permit to Work

|                                       |                                                                    |                          |                   |
|---------------------------------------|--------------------------------------------------------------------|--------------------------|-------------------|
| Work Order No:                        |                                                                    |                          |                   |
| Location of Works:                    | Sydney City Marine<br>Paint shed A<br>Ocean Flyer<br>Port aft void |                          |                   |
| Description of Works:                 | welding                                                            |                          |                   |
| Issue Date:                           | Wed 28 Jan 2026                                                    | Time:                    | 1135              |
|                                       |                                                                    | Valid to:                | 7.00              |
| Risk Assessment Attached & Completed: | YES                                                                | Site Induction Required: | YES               |
| Confined Space Authoriser:            | F. Soeller                                                         | 0481848765               | Cert No 260128-03 |

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

| Isolations (Non Required ) |  |                           |  |
|----------------------------|--|---------------------------|--|
| 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:

F. Soeller

Closed By:

F. Soeller

[Signature]  
[Signature]

# REFLECTIONS Detailing

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

ABN: 17 564 497 720  
Phone: 0411 701 570  
Email: [Admin@ReflectionsDetailing.com.au](mailto:Admin@ReflectionsDetailing.com.au)

| 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 checked="" type="checkbox"/> Mechanically ventilate space<br><input 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 checked="" type="checkbox"/> Difficulty communicating with or hearing entrant                                                                      | <input checked="" 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 type="checkbox"/> Grinding &/or sanding in space                               | <input type="checkbox"/> Dust & flying debris<br><input type="checkbox"/> Noise<br><input type="checkbox"/> Sparks<br><input type="checkbox"/> Injury     | <input type="checkbox"/> Eye/face protection<br><input type="checkbox"/> Ear protection<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> Respirator<br><input type="checkbox"/> Guards attached to angle grinders<br><input type="checkbox"/> Mechanically ventilate space<br><input 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 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 checked="" 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 type="checkbox"/> Ability to remove entrant by external means<br><input checked="" type="checkbox"/> Unable to extract worker by external means    | <input type="checkbox"/> Entrant(s) to be connected to winch at all times<br><input checked="" type="checkbox"/> Rescue equipment on site<br><input checked="" 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                                    |

# REFLECTIONS

## Detailing

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## JSA - Confined Spaces

|                      |                              |                |                 |                      |  |
|----------------------|------------------------------|----------------|-----------------|----------------------|--|
| JSA Prepared By:     | Andrew Tuckey                | Last Reviewed: | 1 Fri 08 FEB 21 | Read & Understood By |  |
| Description of Work: | Welding                      |                |                 | Florian Soellner     |  |
| Vessel/Location      | Ocean Flyer / Port aft. void |                |                 | Hunter Schmidt       |  |
| JSA No:              | JSA01                        |                |                 | Soren Linstein       |  |
| JSA Completed By:    |                              |                |                 |                      |  |
| Date:                |                              |                |                 |                      |  |

| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Chemical spills                                                      | <input type="checkbox"/> Fumes<br><input type="checkbox"/> Burns<br><input type="checkbox"/> Environmental damage                                                                                                        | <input checked="" type="checkbox"/> Lids to be checked secure before transport to work area<br><input checked="" type="checkbox"/> Chemicals to be stored, transported & decanted in bunded containers<br><input checked="" type="checkbox"/> Ensure work area & access way adequately protected<br><input checked="" type="checkbox"/> Spill kit on hand<br><input checked="" type="checkbox"/> Gloves<br><input checked="" type="checkbox"/> Respirator<br><input checked="" 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 checked="" 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 checked="" type="checkbox"/> Barricading to be erected near falls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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 checked="" type="checkbox"/> Harness & fall arrestor<br><input checked="" type="checkbox"/> Ladders secure & suitable for use<br><input checked="" type="checkbox"/> Follow Gas Test Atmosphere guidelines while opening space<br><input checked="" type="checkbox"/> Check tank contents before opening<br><input checked="" type="checkbox"/> Constantly monitor atmosphere around access panel<br><input checked="" type="checkbox"/> Leave space open for 24 hours before accessing<br><input checked="" type="checkbox"/> Disinfect opening & hatch<br><input checked="" type="checkbox"/> Gloves<br><input checked="" type="checkbox"/> Breathing apparatus<br><input checked="" type="checkbox"/> Respirator |
| <input checked="" type="checkbox"/> Working in unvented/closed space | <input 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<br><input type="checkbox"/> Infection | <input checked="" type="checkbox"/> Eye protection<br><input checked="" type="checkbox"/> Gas test atmosphere before entering space<br><input checked="" type="checkbox"/> Constant gas monitoring<br><input checked="" type="checkbox"/> Mechanically ventilating<br><input checked="" type="checkbox"/> Breathing apparatus<br><input checked="" type="checkbox"/> Respirator                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Biological hazards                          | <input type="checkbox"/> Infection                                                                                                                                                                                       | <input checked="" type="checkbox"/> Flush & disinfect space before entry<br><input checked="" type="checkbox"/> Regular use of disinfectant in space & on equipment<br><input checked="" type="checkbox"/> Mechanically ventilate space<br><input checked="" type="checkbox"/> Clean & disinfect tools before exit<br><input checked="" type="checkbox"/> Breathing apparatus<br><input checked="" type="checkbox"/> Respirator<br><input checked="" type="checkbox"/> Chemical proof suit<br><input checked="" type="checkbox"/> Gloves                                                                                                                                                                                                                                                   |

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

**Phone:**  
**Email:**

...g.com.au

Wed 28 -

**Continued Space Authoriser:**

Name Hunter Schmidt  
S

Jan 2026

Fluor Schmitt

**Handby Person 4:**

12:30 pm

2.5.5.5.5

**Initi-**

Name \_\_\_\_\_

**Compass**

Entry 8, F. 1.

~~Company~~  
~~NAME~~

Exercises Check

2

Time In

Time Out

Public Affairs

1755

۱۰۰

Time

Initials

12:30 pm

02

**Gas Monitor Readings**

209

LEI

CO

H2S

0



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## Emergency Rescue Plan

| Extraction Equipment List |   |
|---------------------------|---|
| Harness                   | X |
| 2-way communication       | X |
| Mobile Phone              | X |
| Respirator                | X |
| Breathing Apparatus       | X |
| Rescue Winch/Pulley       | X |
| Chemical Suit             |   |
| 1st Aid Kit               | X |

| Emergency Names & Contacts |                     |
|----------------------------|---------------------|
| 1st Aid                    | Charlie 0452 372069 |
| Rescue                     | Florian 0481 848765 |
| Standby                    | Hunter 0401 051 445 |
| Site Contact/Reception     | 02 8572 7800        |
| Project Manager            | Dave 0437 373 756   |
| Emergency                  | 000                 |

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

|                                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| External Extraction Possible     |   | <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 | X | <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> </ul> <p><i>(If the 1<sup>st</sup> aider has not arrived then the Standby person will start to make these calls)</i></p> <ul style="list-style-type: none"> <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                | X | <p>Standby to close space and permit</p> <p>Preserve scene for investigation.</p> <p>Complete incident report, give copy to head contractor.</p> <p>Contact Worksafe when possible.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Rescue Plan Read & Understood |                  |       |
|-------------------------------|------------------|-------|
| Rescue:                       | Florian Soellner | FL SH |
| Rescue:                       |                  |       |
| Standby:                      | Hunter Schmitt   | HP    |
| Standby:                      |                  |       |
| Standby:                      |                  |       |
| Standby:                      |                  |       |