

Confined Space Entry Permit

Confined Space Name: _____

Confined Space Location: _____

Confined Space Identification #: _____ **Entry Supervisor:** _____

Date: _____ **Estimated Duration:** _____

Description of Work to be Performed in Confined Space: _____

An entry permit is required prior to entry/work in the confined space; a separate entry permit is required each time work is to be performed in the confined space. Before entry, this **permit is void** if not accompanied by the following: the confined space hazard assessment; the confined space plan; completion of this confined space entry permit (excluding items that are required "after exit") and signature #1 by the entry supervisor (#9 below).

Note: the permit is **complete** only when the additional requirements have been documented **after exit**:- #2 - "Exit Time", #3 "Report of Atmospheric Testing" has been attached to this Entry Permit, # 7 "Entry Termination, #8 Distribution, and #9 "Signature #2 by the Entry Supervisor".

1) Attachments. Check all that apply:

- Confined Space Hazard Assessment: Dated: _____
- Confined Space Plan: Dated: _____

2) Confirmation of Confined Space Related Personnel

Attendant: Name: _____ Employer: _____

Entrant(s):

#	Name	Employer	Entry Time	Exit Time
1				
2				
3				
4				

On-Site Rescue:

#	Name	Employer
1		
2		
3		
4		

Atmospheric Testing: Name: _____ Employer: _____

3) The Report of Atmospheric Testing shall be attached to this permit.

4) Is a Hot Work Permit Required? If, yes fill in information below:

Permit #: _____ Date: _____ Issued by: _____

5) Entry Permit Time Period

Date Entry Permitted: _____

Time period for which this entry permit applies: _____

6) Signatures - Acknowledging Review of this Entry Permit

Profession	Name	Signature
Attendant		
On-Site Rescue # 1		
On-Site Rescue # 2		
On-Site Rescue # 3		
On-Site Rescue # 4		
Entrants # 1		
Entrants # 2		
Entrants # 3		
Entrants # 4		

7) Entry Terminated

Date: _____ Time: _____

Was the work completed?

- Yes, the work was completed
- Other reason: _____

8) Distribution of Completed Entry Permit was done by:

- Entry Supervisor/File
- FSO (EHS)
- Fire Prevention Office

9) Signatures by Entry Supervisors

_____ (Signature) Entry Supervisor #1
_____ (Signature) Entry Supervisor



Atmospheric Test Results

Confined Space Name: _____

Confined Space Location: _____

Confined Space Identification #: _____ Date: _____

Performed by: _____

Atmospheric testing is required just prior to entry and while a worker is in the confined space.

Note: Pre-entry tests shall be performed within thirty (30) minutes of entry.

1) Sampling Instrument Information: Check all that apply:

Instrument Make/Type: _____

Serial Number(s): _____

Calibration Method(s): _____

Date Last Calibrated: _____

The instrument(s) are:

- In good working order and,
- appropriate for the hazards identified

2) Sampling: Check all that apply:

- Continuous monitoring is needed. Indicate the recording intervals: _____

3) Test Results

#	Pre-Entry Test (Check)	After-Entry Test (Check)	Location in Space	Time (24 hr time)	LEL (< 5%)	O ₂ (19.5% - 23%)	CO (< 25 ppm)	H ₂ S (< 10 ppm)	Other:	Other:	Results (Yes/No)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Note: Test results that are not within acceptable limits must be reported immediately to the entry supervisor or designate.

4) Signatures - Acknowledging Performance of Atmospheric Testing in the Confined Space

This also provides documentation that the undersigned possesses adequate knowledge, training and experience to perform the appropriate atmospheric tests.

Name	Signature	Employer	Date

On-Site Rescue Plan

Confined Space Name: _____

Confined Space Location: _____

Confined Space Identification #: _____ Date: _____

1) Confined Space Personnel

Attendant: Name: _____ Employer: _____

Employer: Name: _____ Company: _____

On-Site Rescue Personnel:

#	Name	Employer
1		
2		
3		
4		

2) Methods of Communication: Check all that apply:

Attendant to Rescue Personnel:

- Phone Radio
 Audible Signal Intercom

Attendant to workers:

- Phone Intercom Visual Hand Signal
 Radio Audible Signal Rope Signal

3) Methods of Rescue: Check all that apply:

- External (Retrieval) Hauling System Required: _____
 Internal: _____ Anchor overhead: _____
 Congested: _____
 Patient lowering system required/lowering area: _____

Anchorage:

- Beam Support Strut Pre-Rigging was required
 Stairwell Support Column
 Other: _____

4) Rescue Equipment Requirements (check where applicable below and indicate quantity needed):

- | | | |
|--|--|--|
| <input type="checkbox"/> Hauling Systems: _____ | <input type="checkbox"/> Webbing: _____ | <input type="checkbox"/> Wrist/Ankle
Harnesses: _____ |
| <input type="checkbox"/> Carabiners: _____ | <input type="checkbox"/> Ascenders: _____ | <input type="checkbox"/> Fire Extinguishers: _____ |
| <input type="checkbox"/> Pulleys: _____ | <input type="checkbox"/> Body Harnesses: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Shock absorbers/
lanyards: _____ | <input type="checkbox"/> Rigging Plates: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Anchor Straps: _____ | <input type="checkbox"/> Safety Lines: _____ | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Main Lines: _____ | |

5) Rescue Equipment Inspections

Identified rescue equipment inspected by competent worker: _____

Employer: _____ Record of inspection(s) is attached (Check): _____

6) Medical Equipment Requirements (check where applicable below and indicate quantity needed):

First Aid Kit: _____ Other: _____

Packaging Device: _____ Other: _____

7) Additional PPE Requirements (Indicate what is needed):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> High Visibility Vests | <input type="checkbox"/> Hard Hats | <input type="checkbox"/> Face Shield |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Safety Boots | <input type="checkbox"/> Gloves | <input type="checkbox"/> Other: _____ |

8) Description of Space (include location of attendant):

9) Diagram of Space (Use Back of Page if needed):

10) Completed by:

Name: _____ Date: _____

- | | | |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Entry Supervisor | <input type="checkbox"/> Attendant | <input type="checkbox"/> Other: _____ |
|---|------------------------------------|---------------------------------------|

On-Site Rescue Procedures

The attached On-Site Rescue Plan and these Procedures are part of the written plan for the confined space and are based on the assessment of hazards in this space.

Prior to entry and/or work in the confined space:

- 1) The entry supervisor will confirm that the attached “on-site rescue plan” for the confined space has been completed and that all the rescue equipment identified in the plan is available to affect a rescue in the confined space.
- 2) The entry supervisor will confirm that an adequate number of appropriately trained persons (as documented in the attached “on-site rescue plan”) are available for immediate implementation of these on-site rescue procedures that apply to the confined space.
- 3) The entry supervisor will review all emergency procedures, including procedures relating to emergencies outside the confined space with all entrants and other related personnel.
- 4) The attendant establishes communication with all workers, using the means described in the attached “on-site rescue plan”.

On entry and while working in the confined space:

- 1) The attendant who is stationed outside and near the entrance to the confined space as described in the attached “on-site rescue plan” remains in constant communication with all workers inside the confined space.
- 2) The attendant must be notified immediately if an entrant recognizes:
 - unusual action/behaviour
 - an unexpected hazard
 - an unsafe act or
 - detects a condition prohibited by the permit
- 3) Entrants must exit the confined space as quickly as possible, when:
 - an order to evacuate is given by the attendant or entry supervisor
 - an entrant recognizes a sign or symptom of over-exposure
 - an unacceptable condition arises or
 - an evacuation alarm is activated.

In the event of a confined space rescue:

- 1) The attendant does not enter the confined space but immediately summons a rescue response from the on-site rescue team, using the means of communication described in the attached “on-site rescue plan”

Additional Comments: