CONFINED SPACE ENTRY PLAN/PERMIT

Entry into a confined space is not allowed until this permit is completed and authorized.

Author: _____

Date of Entry: _____

Type of Space: _____

Confined Space #: _____

Site Address: _____

Description of Work: _____

Hot work involved? No ☐ Yes ☐ – Refer to specific Hot Work procedures and permit

Are Multiple Employers Involved? No ☐ Yes ☐ – if yes, also refer to Coordination Document

Permit Period: From: _____**am/pm To:** _____**am/pm**

Confined Space Characteristics

Dimensions:

LENGTH: _____ **HEIGHT:** _____ **WIDTH:** _____
VOLUME: _____

Volume Calculations:

Square/ Rectangular – L x W x H

Cylindrical = 3.152857 x R x L (or height)

Entry Point Details:

	Entry Point Dimension(s)	Entry Point Elevation(s)
Top Entry(s)		
Side Entry(s)		
Bottom Entry(s)		

Notes:_____

HAZARD ASSESSMENT

Hazard Assessment Conducted Immediately Prior to Entry? Yes ☐

The following list outlines potential hazards to consider. However, this list is not exhaustive, and additional hazards should be identified through a comprehensive assessment of each task from start to finish.

- **Allergens**
- **Blocked Pathways**
- **Change**
- **Clutter**
- **Poison/ Toxics**
- **Ignition Sources**
- **Splashes & Spills**
- **Stored Energy**
- **Dust/Mists (<10u)**
- **Electrical Current**
- **Lack of Planning**
- **Loss of Traction**
- **Noise**
- **Pressure/ Force**
- **Vehicle Traffic**
- **Sharps**
- **Engulfment**
- **Tool Condition**
- **Combustible Fuels**
- **Flammable/ Explosive Fluids**
- **Bites & Excrement**
- **Blocked Vision**
- **Choices**
- **Physical Requirements**
- **Reactive Materials**
- **Gravity**
- **States of Mind**
- **Lack of Airflow**
- **Simultaneous Tasks**
- **Lack of Oxygen**
- **Weather**
- **Oxidizers**
- **Corrosives**
- **Remote Isolated**
- **Electro-magnetic Fields**
- **Entanglement**
- **Temperature Extremes**
- **Micro-organisms**

For each step below, review the task from start to finish and consider the various contributing factors, including people, equipment, workplace design, and chemical and biological elements.

Recognize			Control	Evaluate
Task	**Hazards**	**Risks**	**Control(s)**	**Monitor and Review**

Notes:

The following list outlines potential required PPE. Review the tasks and the associated hazards, risks, and control measures, and select the appropriate PPE by checking the applicable boxes. However, this list is not exhaustive, and additional PPE should be identified and recorded under the "Other" section.

Head & Face

Hard Hat

- ☐ CSA APPROVED
- ☐ CSA APPROVED FOR SIDE IMPACT
- ☐ CHIN STRAP / RATCH ADJUSTABLE HEAD BAND
- ☐ INSULATED LINER OR BRIM BAND
- ☐ BROAD BRIM FOR SUNNY CONDITIONS
- ☐ SWEATBAND
- ☐ SHORT BRIM
- ☐ VENTED

Air-Purifying Respirator (NIOSH Approved)

- ☐ FILTER TYPE:
- ☐ PERSCRIPTION GLASSES FRAME HOLDER
- ☐ FULL-FACE MASK
- ☐ HALF-FACE MASK
- ☐ DUST MASK
- ☐ POWDERED FAN
- ☐ STORAGE CASE

Air-Supplied Respirator (NIOSH Approved)

- ☐ AIRLINE - LENGTH:
- ☐ PERSCRIPTION GLASSES FRAME HOLDER
- ☐ SELF CONTAINED
- ☐ EMERGENCY EGRESS SYSTEM

- (5min bottle & fast donning face piece)

Face Shield (CSA Approved)

- ☐ WELDING SHIELD
- ☐ TRANSPARENT PLASTIC SHIELD
- ☐ TINTED FOR WELDING OR SUNNY CONDITIONS
- ☐ LENS CLEANER AND SOFT CLOTH
- ☐ SCREEN MESH
- ☐ FULL-FACE COVERAGE
- ☐ EYES AND NOSE COVERAGE ONLY

Safety Goggles (CSA Approved)

- ☐ TINTED FOR WELDING OR SUNNY CONDITIONS
- ☐ LENS CLEANER AND SOFT CLOTH
- ☐ PROTECTION FROM :

Safety Glasses (CSA Approved)

- ☐ STANDARD
- ☐ TINTED FOR WELDING OR SUNNY CONDITIONS
- ☐ LENS CLEANER AND SOFT CLOTH

Ear Plugs (CSA Approved)

- ☐ DISPOSABLE
- ☐ RE-USABLE
- ☐ RADIO COMMUNICATION SYSTEM INTERFACE
- ☐ STORAGE CASE & HAND CLEANER

Ear Muffs (CSA Approved)

- ☐ HEAD BAND THAT WORKS WITH HARD HAT
- ☐ RADIO COMMUNICATION SYSTEM INTERFACE
- ☐ STORAGE CASE

<table>
<tr>
<td>Torso</td>
<td>
<u>Harness (CSA Approved)</u>

☐ FALL ARREST (Dorsal D-ring)

☐DESCENT CONTROL (Sternal D-ring)

☐LADDER CLIMBING (Sternal D-ring)

☐ WORK POSITIONING (Hip D-ring)

☐ ENTRY & EXIT OF CONFINED SPACES (Shoulder D-ring)

☐ NON-CONDUCTIVE

☐ HIGH VISIBILITY

☐ FIRE RESISTANT
</td>
<td>
<u>Coveralls</u>

☐ HIGH VISIBILITY

☐ BREATHABLE

☐ COVERED POCKETS

☐ CHEMICAL RESISTANT

☐ COTTON

☐ FIRE RETARDANT

☐ WATER PROOF

☐ WATER RESISTANT

☐ INSULATED

☐ DISPOSABLE
</td>
<td>
<u>Partial Body Covering</u>

BODY PART:

☐ HIGH VISIBILITY

☐ ABSORBANT

☐ FIRE RETARDANT

☐ WATERPROOF

☐ WATER RESISTANT

☐ENERGY ABSORBING KEVLAR

☐ CHEMICAL RESISTANT

☐ COOLING

<u>Personal Flotation Device</u>

☐ REGULATION LIFE JACKET

☐VEST-TYPE FOR GREATER MOBILITY
</td>
</tr>
<tr>
<td>Extremities</td>
<td>
<u>Gloves</u>

☐SLEEVE-SUPPORT GUANTLET

☐ GUANTLET LENGTH:

☐ CHEMICAL RESISTANT

☐ WATERPROOF

☐ WATER RESISTANT

☐ ANTI-VIBRATION

☐ LATEX (rubber)

☐ LEATHER COTTON

☐ SYNTHETIC
</td>
<td>
<u>Work Boots</u>

☐ CSA APPROVED

☐ CHEMICAL RESISTANT

☐ HIGH TOP

☐ ABOVE THE KNEE

☐ METATARSAL PROTECTION

☐ WATERPROOF

<u>Knee Pads</u>

☐ NON-ABSORBANT
</td>
<td>
<u>Other:</u>
</td>
</tr>
</table>

RESCUE PLAN

Confined Space #: _____

Dispatcher: _____

Contact Method & Details: _____

Back up Attendant: _____

Retrieval Personnel: _____

First Aid Personnel: _____

Closest Hospital & Address: _____

First Aid Equipment:

☐ **Blankets**	☐ **Basket Stretcher**	☐ **AED**
☐ **Non-Adherent**	☐ **First Aid Kit**	☐ **Eye Wash**

Other: _____

_____

_____

Retrieval System

Anchor Point & Location: _____

Potential Risks: _____

Potential Injuries: _____

Moving System: _____

Packaging Device: _____

Assisting Devices:

☐ **Ladder**	☐ **Rope Protector**	☐ **Basket Stretcher**	☐ **Work Seat**
☐ **Ramp/Deflector**	☐ **Talis Harness**	☐ **Drill & Socket**	☐ **Reaching Pole**
☐ **Wristlets/Anklets**	☐ **Creeper**	☐ **Supplied Air System**	☐ **Knee Pads**
☐ **4:1 Rope Lowering System**	☐ **Handle/ Wheels for Stretcher**	☐ **Floatation for Stretcher**	☐ **Tirfor**

Other: _____

_____

_____

Plan Date: _____

Plan Revision Date: _____

I certify that I have inspected all the rescue equipment to be used and found them in good working order and deployed correctly.

Rescuer Name _____ Rescuer Signature _____

EMERGENCY RESPONSE PLAN

Activation System: _____

Coms Amongst Team: _____

Directions to Space: _____

_____

_____

Entry Point Description: _____

_____

_____

_____

Emergency Response Roles (provide a detailed description of each individual and their responsibilities): _____

_____

_____

_____

_____

_____

_____

Plan of Action (provide a detailed response plan on rescue activities): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Notes: _____

_____

_____

_____

_____

_____

PERMIT

Space: _____

Location: _____

Description of Work: _____

Supervisor Name & Contact Details: _____

ERC Contact Details: _____

EHS Contact Details: _____

Date: _____

Shift: _____

Pre-Entry Testing

Tester: _____

Time of Test: _____

Monitor ID: _____

Last Calibration Date: _____

% of Oxygen		**Photo Ionization**	
% of LEL's		**Sulphur Dioxide**	
Carbon Monoxide		**Ammonia**	
Hydrogen Sulfide		**Organic Tube**	
Carbon Dioxide		**Inorganic Tube**	

Other Controls: _____

_____

_____

_____

_____

_____

Certifications

I certify that I have reviewed this permit and the associated risk assessment and authorize the work to proceed in accordance with the controls and conditions outlined.

Supervisor Name	Supervisor Signature

I certify that I have personally examined the confined space and am satisfied that all the requirements listed in the procedures have been met.

Attendant Name	Attendant Signature

I certify that I was informed on how to use the gas monitor, the communication equipment and the retrieval system.

Back Up Name	Back Up Signature

I certify that I have inspected all the safety and rescue equipment to be used and found them all in good working order and deployed correctly.

Rescuer Name	Rescuer Signature

DAILY PRE JOB HUDDLE

Participants' Name and Signature:

Participants Name	Participants Signature

Topics Discussed

1. **Scope of Work ☐**
2. **Training Requirements ☐**
3. **Hazards ❑**
4. **Protective Systems ❑**
5. **LOCKS ON: N/A ❑ Yes ☐**
6. **Emergency Response Plam ☐**
7. **Permit Sign Off ❑**

Suggestions Offered: _____

_____

_____

_____

_____

Action(s) to be Taken: _____

_____

_____

_____

_____

Incidents Reviewed: _____

_____

_____

_____

_____

Foreman's Remarks: _____

_____

_____

_____

ACCOUNTABILITY LOG

Name	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	Lock OFF

Atmospheric Testing Results

Time	O_2%	LEL%	H_2S	CO	PID	SO_2	NH_3	CH_4	Organic	Inorganic	Other	Safety Observation	Initials