

CONFINED SPACE ENTRY PERMIT

CONFINED SPACE INFORMATION

Confined Space # / Description: _____

Confined Space Location: _____

Date Permit Opened (Date and Time): _____

Date Permit Closed (Date and Time): _____

Anticipated Duration of Entry: _____

Multiple employer coordination document has been completed, reviewed and attached to the permit

☐ Yes ☐ Not applicable

REVIEW OF HAZARD ASSESSMENT (check ☒ for all which apply)

- ☐ Confined space hazard assessment has been completed and reviewed.
- ☐ Re-evaluation of hazard assessment has been conducted to identify any new hazards due to changes in the work activity, tasks or the process in the work areas.

DESCRIPTION OF WORK (check ☒ for all which apply)

- ☐ Inspection
- ☐ Cleaning
- ☐ Preventative maintenance
- ☐ Repair
- ☐ Hot work
- ☐ Other

Task Details: (to be completed for all tasks other than visual inspection)

TASK HAZARD IDENTIFICATION (check ☒ for which hazards are present or may be present and describe)

- ☐ Atmospheric hazards (O₂, LEL, CO, H₂S, other):
- ☐ Physical hazards (heat/cold, noise, other):
- ☐ Biological hazards (viruses, bacteria, mould, other):
- ☐ Ergonomic hazards (force, posture, repetition, other):
- ☐ Psychosocial hazards (claustrophobia, other):
- ☐ Safety hazards (energy, slip/trip/fall, entanglement, visibility, other):
- ☐ Configuration hazards (slope, layout, obstacles, other):
- ☐ Content hazards (residual, engulfment, entrapment, other):
- ☐ External hazards (traffic, weather, terrain, other):
- ☐ Other hazards:

HAZARD CONTROLS (check ☒ for which hazard controls apply)

| Site Control | Space Preparation | Control of Hazardous Energy |
|---|--|---|
| <input type="checkbox"/> Barricades/guardrail <input type="checkbox"/> Warning Signs <input type="checkbox"/> Rope/Warning Tape <input type="checkbox"/> Secure access door /hatch <input type="checkbox"/> Other | <input type="checkbox"/> Empty <input type="checkbox"/> Clean <input type="checkbox"/> Purge or Inert <input type="checkbox"/> Depressurize <input type="checkbox"/> Ventilate | <input type="checkbox"/> Energy sources disconnected/de-energized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Entry team locks/tags applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verification of zero energy has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|--|--|
| Hot Work Precautions <input type="checkbox"/> Yes <input type="checkbox"/> No (required for hot work – check <input checked="" type="checkbox"/> for all hazard controls) | | |
| <input type="checkbox"/> Hot work permit attached <input type="checkbox"/> Continuous atmospheric monitoring <input type="checkbox"/> Continuous ventilation | <input type="checkbox"/> LEL < 0% <input type="checkbox"/> Portable fire extinguisher available at space | |
| Ventilation Controls <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes check <input checked="" type="checkbox"/> for which hazard controls apply) | | |
| <input type="checkbox"/> Natural <input type="checkbox"/> Mechanical supply <input type="checkbox"/> Mechanical exhaust <input type="checkbox"/> Other: | Must ventilation be explosion proof? <input type="checkbox"/> Yes <input type="checkbox"/> No Must ventilation continue during worker entry? <input type="checkbox"/> Yes <input type="checkbox"/> No Is ventilation adequately alarmed should it fail? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Electrical Equipment and Lighting <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes check <input checked="" type="checkbox"/> for which hazard controls apply) | | |
| Energy Source | Electrical Tool/Equipment Protection | Illumination |
| <input type="checkbox"/> Generator <input type="checkbox"/> Standard outlet <input type="checkbox"/> Battery powered <input type="checkbox"/> Other: | <input type="checkbox"/> GFCI <input type="checkbox"/> Positive grounded tools /equipment <input type="checkbox"/> Insulated tools <input type="checkbox"/> Explosion proof equipment <input type="checkbox"/> Other: | <input type="checkbox"/> Natural only <input type="checkbox"/> Portable lamp <input type="checkbox"/> Headlamp <input type="checkbox"/> Flashlight <input type="checkbox"/> Other: |
| Personal Protective Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes check <input checked="" type="checkbox"/> for which PPE is required) | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Hardhat <input type="checkbox"/> Hearing protection <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Rubber/PVC steel toe boots <input type="checkbox"/> Gloves (specify): <input type="checkbox"/> Respiratory protection (specify): </div> <div style="width: 48%;"> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Coveralls / Long sleeve/pants <input type="checkbox"/> Disposable protective coveralls (e.g. Tyvek or similar) </div> </div> | | |
| METHOD OF ACCESS/EGRESS (check <input checked="" type="checkbox"/> for all which apply) | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Horizontal <input type="checkbox"/> Ladder (fixed access) <input type="checkbox"/> Stairwell </div> <div style="width: 33%;"> <input type="checkbox"/> Vertical <input type="checkbox"/> Ladder (portable) <input type="checkbox"/> Other (specify): </div> <div style="width: 33%;"> <input type="checkbox"/> Above grade entry point <input type="checkbox"/> Ramp or walkway </div> <div style="width: 33%;"> <input type="checkbox"/> Lower/haul required <input type="checkbox"/> Scaffold </div> </div> | | |
| Fall Protection and Retrieval Devices (check <input checked="" type="checkbox"/> for all which apply) | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Guardrail <input type="checkbox"/> Davit arm <input type="checkbox"/> Tripod <input type="checkbox"/> Self retracting lifeline with winch </div> <div style="width: 33%;"> <input type="checkbox"/> Full body harness <input type="checkbox"/> Lifeline <input type="checkbox"/> Lanyard </div> <div style="width: 33%;"> <input type="checkbox"/> Rope system <input type="checkbox"/> Self retracting lifeline <input type="checkbox"/> Approved connectors </div> <div style="width: 33%;"> Other (specify): </div> </div> | | |
| COMMUNICATION (check <input checked="" type="checkbox"/> for all which apply) | | NOTIFICATION (Check <input checked="" type="checkbox"/> for all controls) |
| Communication With Entrant <input type="checkbox"/> Visual <input type="checkbox"/> Verbal <input type="checkbox"/> Radio <input type="checkbox"/> Lifeline signals <input type="checkbox"/> Light/noise signals <input type="checkbox"/> Other: | | Means to Summon Rescue <input type="checkbox"/> Phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Radio <input type="checkbox"/> Intercom <input type="checkbox"/> Air horn |
| | | <input type="checkbox"/> Rescue personnel notified and available? <input type="checkbox"/> First aider notified and available? <input type="checkbox"/> Affected personnel notified? <input type="checkbox"/> Contractors employees notified? |

RESCUE PROVISION (check ☒ for all which apply)

| Method | Equipment | |
|--|---|--|
| <input type="checkbox"/> Self evacuation <input type="checkbox"/> Non-entry rescue <input type="checkbox"/> Entry rescue | <input type="checkbox"/> First aid <input type="checkbox"/> Immobilization/extrication <input type="checkbox"/> Communication systems | <input type="checkbox"/> Mechanical advantage systems <input type="checkbox"/> Rescuer PPE <input type="checkbox"/> Other (specify): |

PRE-ENTRY AND ENTRY INTERVAL ATMOSPHERIC TESTING

| Instrumentation | Accessories Used (specify) | Instrument Verification (required – check <input checked="" type="checkbox"/> all upon completion) |
|-----------------------------------|-------------------------------|---|
| Make: Model: Serial Number: | | <input type="checkbox"/> Calibrated as per manufacturer? <input type="checkbox"/> Functional (bump) test completed? <input type="checkbox"/> Inspected and in good working condition? |

Atmospheric Monitoring Results

| | Pre-entry Time | Result | Interval Time | Result | Interval Time | Result | Interval Time | Result | Peak Value |
|--|-------------------|--------|------------------|--------|------------------|--------|------------------|--------|---------------|
| Oxygen O ₂ = 19.5 – 23% | | | | | | | | | |
| Flammability < 10% LEL cold work 0 % LEL hot work | | | | | | | | | |
| Carbon Monoxide CO = 25 ppm | | | | | | | | | |
| Hydrogen Sulphide H ₂ S = 10 ppm | | | | | | | | | |
| Other Toxic (specify): | | | | | | | | | |
| Other Toxic (specify): | | | | | | | | | |

AUTHORIZATION FOR ENTRY (to be completed by Entry Leader – check ☒ all upon completion)

I hereby certify that:

- ☐ The hazards have been assessed
- ☐ The hazard controls have been successfully implemented
- ☐ All necessary equipment has been provided, inspected and is in good working condition
- ☐ The scope of work has been explained to the entry team
- ☐ The specific hazard assessment, entry plan and rescue procedure have been discussed with the entry team
- ☐ The entry team members have successfully completed confined space general training, have participated in a pre-entry briefing (plan-specific training), and are authorized to enter the space

| | |
|---|--------------|
| Entry Supervisor Approval <input type="checkbox"/> Yes <input type="checkbox"/> No | Printed Name |
| Date Time am / pm | Signature |

ENTRANT LOG

Authorized Attendant(s) _____
(name and signature) _____

| Name of Entrant(s) | Entrant Initials | | Attendant - indicate time individual's enter or exit the space | | | | | | | |
|--------------------|------------------|---------|--|-----|----|-----|----|-----|----|-----|
| | Trained | Briefed | In | Out | In | Out | In | Out | In | Out |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |

Name(s) of Rescue Team Members where an Entry Rescue is required

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Notes: