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| **Permit valid from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm (circle one)****Permit expires at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm (circle one)** |
| Date of Issue: |  | Issued By: |  |
| Confined Space Name: |  | Confined Space Location: |  |

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| **Confined Space Hazard Classification (Circle one as per review of Hazard Assessment)** | **Low** | **Moderate** | **High** |

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| **Controls** | **Confirmation required, explain procedure and/or equipment where applicable.** |
| Hazard / Risk Assessment reviewed |  |
| Alternate Procedures reviewed |  |
| Personal Protective Equipment (list) |  |
| Lockout Procedures (list) |  |
| Ventilation Procedures |  |
| Atmospheric monitoring |  |
| Respiratory Protection |  |
| CS Entry Type |  |
| Fall Protection |  |
| Emergency Rescue Plan |  |

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| Description of Work to be performed |
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| i.e.: Inspection, Electrical, Cleaning, Maintenance |

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| **Confirm pre-entry requirements** |
| Tail Board Discussion |  | PPE in place |  |
| Area Secure |  | Lighting |  |
| Communications in place |  | Fire Control  |  |
| Fall protection in place |  | Ventilation in Place |  |
| Gas Detectors Bump Tested |  | Lockout/Isolation complete (unless required to be live for work being performed) |  |
| Tripod for Retrieval |  | Winch for retrieval |  |
| Rescue Plan Reviewed |  | Rescue Personnel Notified |  |

Entrant Workers

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| I have read and understand this entry permit, have discussed in the tailboard meeting, the hazard assessment, lockout and safe work procedures and will work in accordance with these procedures. I am satisfied that the information and requirements listed on this sheet are correct. I will notify the Responsible Supervisor immediately of any changes or concerns related to this confined space entry. |
| **Entry Personnel** (Signature) |  |  |
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Responsible Supervisor

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| The employer must assign the responsibility for supervision to a person who is adequately trained to supervise the job before any worker enters a confined space. Work Safe B.C., OH&S Regulation 9.7(1) |
| **Print Name** | **Signature** | **Job Title** |
| **Change of Supervisor**  | **Time** |
| **Print Name** | **Signature** | **Job Title** |

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| **Standby person** |  | **Detector #** |
| **Bump Test** **Date & Time** |  | **Bump Test OK** |  |

**Atmospheric Monitoring will be Continuous**

**Worker Well Being Checks must not exceed 20 minutes during occupation of space**

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| **Tested By**Print | **Time****+20Min** | **Remarks** | **Oxygen****(not below****20.5%)** | **LEL****(not above****0%)** | **H2S****(not above****5 ppm)** | **CO****(not above****12.5 ppm)** | **Other** | **Other** |
| **Initial test prior to ventilation** |  | **Top** |  |  |  |  |  |  |
|  |  | **Middle** |  |  |  |  |  |  |
|  |  | **Bottom** |  |  |  |  |  |  |
| **Test prior to entry** |  | **Entry** |  |  |  |  |  |  |
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**Test all levels of the space! Top / Middle / Bottom No Hot Work if LEL above0%**

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| **Immediately Abort entry (evacuate) and notify the Responsible Supervisor if:*** Alarm sounds
* Permit Expires
* Failure of any equipment
* Physical or mental distress of any of the entry or standby personnel
* O2 is below 20.5%
* LEL is above 0%
* CO is above 12.5 ppm
* H2S is above 5 ppm (ceiling limit is 10 ppm)
* Any other monitored toxic exceeds 50% of its exposure limit (unless proper PPE is identified)
* Sewage level rises to within 2 feet of the mid-level grating or to top of pumps (if no grating)
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| **Entrant** | **Locks On** | **Time In** | **Time Out** | **Time In** | **Time Out** | **Time In** | **Time Out** | **Time In** | **Time Out** | **Locks Off** |
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**Closure of Permit**

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| All controls and safety measures have been removed and the Confined Space has been closed and secured at the completion of this working shift. |
| **Print Name** | **Signature** | **Job Title** |
| **Date** | **Time** | **Notes** |

Permit must be signed by a Responsible Supervisor. One working copy of the permit must be posted at the confined space entry point. A copy of the permit must be retained for one year.