**CONFINED SPACE ENTRY PLAN & PERMIT**

**Work Crew:**
- Carpenter
- Electrical
- Mechanical
- Central Heating Plant
- Contractor
- Other

**Confined Space Description:**
- Crawlspace
- Manhole
- Mechanical Shaft
- Pit
- Tunnel
- Ventilation
- Lift Station
- Vessel
- Other

**Work Type:**
- Electrical Inspection
- Electrical Repair
- Mechanical Inspection
- Mechanical Repair
- Plumbing Inspection
- Plumbing Repair
- OH&S Inspection
- Other; explain

**Access Type:**
- Hatch Door
- Half door
- Man door
- Space Opening
- Manhole

**Special Instructions:**
If manholes and hatches are used for emergency exit only, they **MUST** be opened and tested prior to entry.

### HAZARDS

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological hazards</td>
<td>Over exertion</td>
</tr>
<tr>
<td>Drowning/Entrapment</td>
<td>Oxygen Deficiency</td>
</tr>
<tr>
<td>Piping/Vessel isolation</td>
<td>Oxygen Enrichment</td>
</tr>
<tr>
<td>Dust/Mist/Fumes</td>
<td>Lifting</td>
</tr>
<tr>
<td>Entry/Exit unsafe</td>
<td>Pinch points</td>
</tr>
<tr>
<td>External process hazards</td>
<td>Noise</td>
</tr>
<tr>
<td>Flammable Gases/Vapors</td>
<td>Slipping/Tripping</td>
</tr>
<tr>
<td>Electrical hazards</td>
<td>Steam Vapors</td>
</tr>
<tr>
<td>Mechanical hazards</td>
<td>Temperature extremes</td>
</tr>
<tr>
<td>Overhead obstructions</td>
<td>Toxic Gases/Vapors</td>
</tr>
<tr>
<td>Restricted work space</td>
<td>Visibility</td>
</tr>
<tr>
<td>Access/Exit unsafe</td>
<td>Asbestos</td>
</tr>
<tr>
<td>Stored energy</td>
<td>Laser/Radiation</td>
</tr>
</tbody>
</table>

**Special Instructions:** Certain labs are restricted please contact the Lab Manager or Health, Safety & Environment prior to entry.

### SPECIALIZED Equipment Required:
- Ventilator
- Ladders
- Tripod/Winch
- Flashlight
- Lanyards
- Barricades
- GPR Cords
- Tool Bag
- Harness
- Escape Air
- Vacuum Truck/Wash-down required.

### Atmospheric Testing:

**Daily Bump Test:**
- Completed

**Monthly Calibration:**
- Completed

**Space monitoring:**
- Continuous

**Equipment #:**
Model #

**Tester Name:**
If the confined space is vacated for a period of time greater than 30 minutes, an atmospheric test must be completed before re-entry.

### Entry Requirements:

**Entry Location (be specific):**

**Employee Initial:**

**Safety Watch Initial:**

**1 Exit Time:**

**2 Exit Time:**

**3 Exit Time:**

**4 Exit Time:**

**Communication Method:**
- Air Horn
- Hand Signals
- Radio
- Cell Phone #

### HAZARD CONTROL

**Procedures:**
- Lockout/Tagout
- Hot Work Permit
- Respiratory Protection
- Asbestos
- Infection/Biological/Mold

**Specialized Equipment Required:**
- Safety Glasses
- Hardhat
- Safety Footwear
- Coveralls
- Disposable Coveralls
- Hearing Protection
- Hand Protection

**Alternate Escape Route:**
- Fire Pull Station Readily Available:
- Yes
- No

**First Aid Kit Location:**
- Safety Shower/Eyewash Bottle:
- Communication with Lab Manager:
- Yes
- No

### Specialized Equipment Required:

**Respiratory:**
- Full Face
- Half Face
- Particulate N95
- P100 Cartridges
- Organic Vapor Cartridges
- Acid Gas Cartridges
- SCBA
- Escape Air

### Pre-purge reading: Done prior to ventilation and entry

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Time</th>
<th>CO</th>
<th>H2S</th>
<th>O2</th>
<th>LEL</th>
<th>Initial</th>
</tr>
</thead>
</table>

### Post-purge reading: Done after ventilation

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Time</th>
<th>CO</th>
<th>H2S</th>
<th>O2</th>
<th>LEL</th>
<th>Initial</th>
</tr>
</thead>
</table>

### Approval

- Supervisor reviewed at a safety meeting with all involved.
- Supervisor (Please Print)
- Supervisor Signature
- Contractor (Please Print)
- Contractor Signature

### Emergency Phone Numbers

- Medical: 911
- Fire: 911
- Police: 911
- Security: (306)585-4999

- Tunnel Map Available or viewed prior to entry:
- Yes
- No

- Safety Watch Trained:
- Yes
- No

- Safety Watch Attendant(s):

- Method of Entry for Rescuers:

- Method of Extraction of Victim to Safe Area:

- Alternate Escape Route:
- Fire Pull Station Readily Available:
- Yes
- No

- Communication with Lab Manager:
- Yes
- No

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**CONFINED SPACE ENTRY PLAN & PERMIT**

**Date:**

**Job #:**

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**Health, Safety & Wellness (April 2018)**