## Appendix 10.0 - Confined Space Entry Form / Acknowledgement Review

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site: | | | | | | | CD’s Job #: | | | | | | | | | Date: | | | | | |
| Location Details: | | | | | | | | | | | | | | | | | | | | | |
| Sketch of area if applicable: | | | | | | | | | | | | | | | | | | | | | |
| **Potential Confined Space Type:** | | | | | | | | | | | | | | | | | | | | | |
| * Maintenance Hole   (# ) | | | * Utility Vault | | | * Trench or Excavation | | | | * Box Culvert | | | | * Pipe | | | | * Other | | | |
| Multiple Locations being considered?  **No Yes** | | | | | | | | | | Locations : | | | | | | | | | | | |
| Potential Space Atmospheric Hazards: | | | | | | | | | | None  | | | | | | | | | | | |
| * Flammable / Combustible – LEL | | | | * Oxygen (19.5%<O2>23%) | | | | | | * Toxic (H2S) | | | * Atmospheric Contaminants (CO) | | | | | | * Other | | |
| **Work to be Performed:** | | | | | | | | | | | | | | | | | | | | | |
| * Benching or Parging | * Connections | | | | * Flushing /Testing | | | * Inspection | | | | * Hot Work   (see bottom of 3rd page) | | | * Regular Install of S&W | | | | | * Other | |
| Potential Work Atmospheric Hazards: | | | | | | | | | None  | | | | | | | | | | | | |
| * Flammable / Combustible – LEL | | | | * Oxygen (19.5%<O2>23%) | | | | | * Toxic (H2S) | | | | * Atmospheric Contaminants (CO) | | | | | | * Other | | |
| **Hazard Assessment / Hazards identified:** | | | | | | | | | | | | | | | | | | | | | |
| *Pre-Entry testing completed by:* | | | | | | | | | | | *Gas Monitor Used:*  Calibrated &/or Bumped prior? **Yes No**  Data-logging Unit? **Yes No** | | | | | | | | | | |
| * LEL - Flammable/ Combustible | | Oxygen (O2):   * Low * High | | | | | * Toxic (H2S) | | | | * Atmospheric Contaminants (CO)  | | | | | | * Other | | | | * **None** |

Due to the above – the space in question **IS / IS NOT** a “Confined Space” as per Regulation

|  |  |  |
| --- | --- | --- |
| **Comments:**   * Additional notes in Diary | | |
| **Name:** | **Date:** | **Signature:** |

**Confined Space Entry Document** (for the above noted confined space)

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| **Control Methods:** | | | | | | | | | | | | | |
| * Continuous Monitoring | | * Natural Ventalation | | | * Mechanical Ventilation\* | | * Energy(s) Isolated/ Blank / Disconnect | | | * PPE (specify) | | | * Other : |
| **Onsite Resources & Equipment Requirements:** | | | | | | | | | | | | | |
| * Gas Monitor   Unit Number | | | * Retrieval System * Access / Egress | | | * 1st Aid Person/Kit * Fire Extinguisher | | | * Mechanical Ventilation\*   (c/w failure warning) | | | * Respiratory Protection | |
| * Rescue Plan | | | * Attendant | | | * Blanking System | | | * Special PPE | | | * Other | |
| **External Resources:** | | | | | | | | | | | | | |
| * Written Program | | | * Local Fire Service | | | * Local Hospital | | | * Local Ambulance | | | * Other | |
| **Training:** | | | | | | | | | | | | | |
| * Confined Space Worker(s) | | | * Attendant | | | * Certified 1st Aider(s) | | | * Supervisor | | | * Rescue Personnel | |
| Communication: (✓ indicates for regular use, x indicates for “Emergency Summoning”) | | | | | | | | | | | | | |
| * Life Line | * Verbal | | | * Two-way Radio | | | | * Cellular Phone | | | * Other | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Personnel:** | | | | | | | | | | |
| Attendant: | | First Aid Person(s): | | | | | Supervisor: | | | |
| **Workers** approved for entry *(have received all required training)* **/ activity being completed** | | | | | | | | | | |
| **1** | | | | **4** | | | | | | |
| **2** | | | | **5** | | | | | | |
| **3** | | | | **6** | | | | | | |
| **Emergency / Rescue:** | | | | | | | | | | |
| * Adequate number of trained persons are available to implement rescue procedures | | | | | | | | | | |
| * Appropriate rescue equipment is readily available to be used for a rescue | | | | | | | | | | |
| * Appropriate rescue equipment has been inspected and is in good working order | | | | | | | | | | |
| **Emergency equipment required:** | | | | | | | | | | |
| * Tripod, c/w winch & cable | * Harness | | * Summoning Device | | * SCBA or alternate | | | | * Other | |
| **Record of Entry:** | | | | | | | | | | |
| Exact Location | | Worker(s) | | | | Time in | | | | Time out |
| * LEL – Flam./ Combust. | * Oxygen (O2) | | | * Toxic (H2S) | | | | * **Atmos. Cont. (CO)** | | |
| Exact Location | | Worker(s) | | | | Time in | | | | Time out |
| * LEL – Flam./ Combust. | * Oxygen (O2) | | | * Toxic (H2S) | | | | * **Atmos. Cont. (CO)** | | |
| Exact Location | | Worker(s) | | | | Time in | | | | Time out |
| * LEL – Flam./ Combust. | * Oxygen (O2) | | | * Toxic (H2S) | | | | * **Atmos. Cont. (CO)** | | |
| Exact Location | | Worker(s) | | | | Time in | | | | Time out |
| * LEL – Flam./ Combust. | * Oxygen (O2) | | | * Toxic (H2S) | | | | * **Atmos. Cont. (CO)** | | |
| Exact Location | | Worker(s) | | | | Time in | | | | Time out |
| * LEL – Flam./ Combust. | * Oxygen (O2) | | | * Toxic (H2S) | | | | * **Atmos. Cont. (CO)** | | |
| **Comments:**   * Additional notes in Diary | | | | | | | | | | |
| **Assessment by:**  **Date: Signature:** | | | | | | | | | | |
| **Testing by:**  **Date: Signature:** | | | | | | | | | | |
| **Supervised / Reviewed by:**  **Date: Signature:** | | | | | | | | | | |

**\* Hot Work** (complete if hot work will be conducted in a “Confined Space”)

|  |  |  |  |
| --- | --- | --- | --- |
| Will the space be rendered inert by adding inert gas? **Yes No** | | | |
| If “Yes”…   * Space being monitored to ensure it remains inert | | | |
| * Worker(s) entering use adequate respiratory equipment – list equipment: | | | |
| * There is adequate equipment to allow persons outside to locate and rescue a worker – list of equipment | | | |
| If “No:…the following will be ensured. | | | |
| * Flammable gas LEL is maintained below 5% | * O2 content is maintained below 23% | * Atmosphere will be continuously monitored | * Alarm and exit procedures are in place should any of the previous (☜) fail |

**Acknowledgement of Compliance**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Municipality / Employer or Independent Operator: | | | |
| Address: | | | |
| City: | Province: | | Postal Code: |
| Telephone No: | | Fax No: | |

I acknowledge that I have received a copy of Danosh Construction Inc.’s “CONFINED SPACE ENTRY – POLICY & PROCEDURES” and Checklist and have discussed this policy and procedure with all staff employees and all employers that work for ,

who may in the course of their activities work on a Danosh Construction Inc.’s project.

Date Authorizing Name (printed)

Signature