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

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| 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

|  |
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| **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
 |

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| **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 |
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 |
| 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”)

|  |
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| 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**

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| --- |
| 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