

Brock University Facilities Management Operating Procedures

Annex B

Confined Space Entry Permit

Space Description:		-	-		
1. Location of space:					
Permit number (if applicable):					
Purpose of entry: A Passintian of work to be performed.					
Description of work to be performed:					
B. Hazard Recognition (Assessment)	:				
5. Hazard Assessment previously complete	d for space?	ΠY	es □ No – If no,	complete as	sessment prior to entry
6. Current hazard assessment reviewed pri	or to entry?	□Y	es 🛭 No – If no,	review prior	to entry
7. Hazards found in keeping with previous a	ssessment?	ΩY			view of assessment and prior to entry
8. Completed assessment attached to entry	☐ Yes ☐ No – If no, attach to permit prior to entry				
Safety Work Practice Requirements:		Date /	Time	Verified	by:
9. Area secured	☐ Yes ☐ No	□ N/A			
10. Piping disconnected:	☐ Yes ☐ No	□ N/A			
11. Lockout / tagout completed	☐ Yes ☐ No	□ N/A			
12. Cleaning (flushing / washing) done	☐ Yes ☐ No	□ N/A			
13. Required purging or venting done	☐ Yes ☐ No	□ N/A			
14. Sources of ignition controlled	☐ Yes ☐ No	□ N/A			
15. Hot work permit obtained	☐ Yes ☐ No	□ N/A			
16. Use of chemicals approved	□ Yes □ No	□ N/A			
Operational and Protec	tive Equ	uipme			Incorporated Quantified by
17. Ladder	□ Yes □ No	□ NI/A	Date / Time		Inspected & verified by:
18. Full body harness:	☐ Yes ☐ No				
19. Lifeline	☐ Yes ☐ No				
20. Tripod / hoist	☐ Yes ☐ No				
21. Area security (signs / barricades)	□ Yes □ No				
22. Fire extinguisher	☐ Yes ☐ No				
23. Self Contained Breathing Apparatus	□ Yes □ No				
24. Face / eye protection	□ Yes □ No				
25. Gloves – type as required	□ Yes □ No				
26. Foot protection	□ Yes □ No	□ N/A			
27. Air purifying respirator	□ Yes □ No	□ N/A			
29 Ventilation for or blower:	□ Vaa □ Na	□ NI/A			

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29. Communication r (radio, verbal, vis			□ Yes □ No □ N				_				
30. Device to summon rescue team ☐ Yes ☐ No		□ No □	⊐ N/A								
31. Other (specify) Yes No		□ No □	⊐ N/A		_						
Air Monito	•	•	-								
Name of Device	Mod	del #	Serial / sequenc		nce #	Calibration	Calibration due date		eck perform	ed by?	
32. Attendant air san 33. Air Sampling resi		uired (select o	one)	□ Co	ntinuous	sly 🗖	Every r	l ninutes			
						mpling required for (complete where applicable)					
Time Sampled by: O2 (19.5 – 23%) <		< 10%	6 LEL	< 25 ppm CO	< 10% H ₂ S	Stratification	on Othe	er (specify)			
Entrant In /	Out I	Record	:			l			I		
Name		Time In	Time O	ut	Time	In Time Out	Time In	Time Out	Time In	Time Out	
G. Rescue Info			·· /·					10)	<u> </u>		
34. Type of rescue			•			iters confined sp		•			
	U E	xtraction via				n requires one of movable tripod /	-				
						-	Specify location				
35. Communication s	system in p	olace?					Verbal				
36. Rescue equipme								□ No			
37. Rescue team in p		•	_		•		☐ Yes				
38. Campus Security called and shown entry location				•	□ Yes □ No						
39. All rescue team members trained and competent in:					n-site rescue pro	cedures	☐ First aid -	- CPR			
				o C	☐ Care, use and control of rescue equipment						

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Certification:

We the undersigned have reviewed this entry permit, the hazard assessment & are aware of the hazards associated with entering the confined space. We certify that we have read and understand all of the requirements of the confined space entry program, including the rescue plan; that we are competent to complete the work and have received the necessary site specific training (**Note**: training records must be maintained on file for review as required). Furthermore, we will comply with all of these criteria:

Entrant sign and date:	Attendant sign and date:
Entrant sign and date	Attendant sign and date:
Entrant sign and date	Rescue team member sign and date
Rescue team member sign and date	Rescue team member sign and date
Supervisor sign and date:	Permit Issuer sign and date

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