Coordinating Document

CONFINED SPACE ENTRY CHECKLIST

Checklist Number _____

► **THIS CHECKLIST MUST BE MADE AVAILABLE AT THE CONFINED SPACE SITE**

Lead Employer Name: _____

Lead Employer Authorized Representative at site: _____

Reviewed the following back ground information with lead employer and rescue team representative:

- ❒ Entry program requirements
- ❒ Hazard assessment criteria
- ❒ Entry plan requirements
- ❒ Training competencies of attendants, entrants and rescue personnel

Reviewed the following specific confined space entry requirements.

- ❒ Plan specific training requirements for attendants, entrants & rescue personnel
- ❒ Entry plans and permits
- ❒ Hazard assessment
- ❒ On-site rescue equipment and procedures
- ❒ Methods of communication
- ❒ Atmospheric testing, ventilation and purging including flammable / combustible gases

LEAD EMPLOYER:

Date: _____ **Time:** _____

COMPANY NAME: _____ has reviewed the elements listed on this checklist with the Brock University designated authority: ❒YES ❒NO.

As the designated lead employer representative I will ensure consistency with the requirements set out in the OHSA and Regulations for Confined Space Entry (CSE)

Name: _____ **Signature:** _____

RESCUE TEAM EMPLOYER:

Date: _____ **Time:** _____

COMPANY NAME: _____ has reviewed the elements listed on this checklist with the Brock University designated authority: ❒YES ❒NO.

As the designated rescue team employer representative I will ensure consistency with the requirements set out in the OHSA and Regulations for Confined Space Entry (CSE)

Name: _____ **Signature:** _____

BROCK UNIVERSITY DESIGNATED AUTHORITY AUTHORIZATION:

Date: _____ **Time:** _____

I certify that that the lead employer and rescue employer have provided the required information in conformance with this coordinating document.

Name: _____ **Signature:** _____