



TRU CONFINED SPACE ENTRY PERMIT

Date Issued: _____ Time issued: _____ Expires: _____

Note: If the conditions of procedures specified on this change, **STOP WORK IMMEDIATELY** and notify the Facilities Supervisor or Occupational Health and Safety Department.

PART 1 - HAZARD ASSESSMENT (To be completed by the entry Supervisor)

Confined space description and location:

Description of work to be performed:

POTENTIAL HAZARDS:(Check all inherent and introduced hazards)

<u>Hazardous Atmospheres</u> <input type="checkbox"/> Flammable(greater than 10% LEL) <input type="checkbox"/> Toxic (greater than PEL) <input type="checkbox"/> Irritant / Dust <input type="checkbox"/> Corrosive <input type="checkbox"/> Oxygen (less than 19.5% or greater than 23.5%) <input type="checkbox"/> Carbon Monoxide <input type="checkbox"/> Asbestos	<u>Physical Hazards</u> <input type="checkbox"/> Temperature / humidity <input type="checkbox"/> Uneven walking surfaces/tripping <input type="checkbox"/> Engulfment <input type="checkbox"/> Electrical equipment <input type="checkbox"/> Obstacles <input type="checkbox"/> Fall Hazards <input type="checkbox"/> Radiation <1.7 µSv/hr Contact OH&S if greater the 1.7	<input type="checkbox"/> Spark-producing operations <input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Mechanical equipment <input type="checkbox"/> Entrapment <input type="checkbox"/> Falling debris <input type="checkbox"/> Entry / Exit limitations
---	---	---

PART 2 - HAZARD CONTROLS(check required controls)

Lockout/tagout required. List isolation points: _____ (i.e.group lockout or specific locations)

Notification of affected personnel in the area: _____ Barriers required(ie planking/scaffolding)

Method of communication Attendants and Entrants will use: _____ Communications to summon rescue

verbal visual radio other available

Check required emergency/rescue equipment:

Safety harness with lanyard Emergency shower/eyewash Rescue kit (sked/spine board, O2, jump bag)

Winch retrieval system Fire extinguisher

Rescue Procedure: Entry Non-entry Vertical Horizontal

Personnal protective equipment to be worn/used:

Gloves Hood Barrier cream

Safety harness Dust mask half mask full mask Supplied air

Asbestos protective suits Goggles/face shield radio

Other: Specify

MSDS's for all materials in the confined space (or to be taken into the confined space) are attached.

Pre-entry checks and procedures completed as per entry procedure

Standby Personnel

Low risk: Name of standby person: _____ check every 20 minutes by radio or visual

Moderate risk: Name of standby person: _____ or Rotating standby.

Check every 20 minutes by radio/visual. Moderate hazard must remain at or near entrance

