

Confined Space Work Plan		Permit #	Supervisor's Name					
Customer			Plan Developed by					
Location			Plan Approved By					
Company Address:			Date					
			Time					
Phone:		Mobile:	Fax:					
1. Location and Description of Confined Space								
Hazardous confined space		<input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation date:					
2. Confined Space Pre-Entry Requirements								
<input type="checkbox"/> Gas test	<input type="checkbox"/> Personnel trained for entry	<input type="checkbox"/> Forced ventilation	<input type="checkbox"/> GFI lighting					
<input type="checkbox"/> Oxygen test	<input type="checkbox"/> Rescue gear identified & in place	<input type="checkbox"/> Energy sources isolated &/or blinded	<input type="checkbox"/> Rescue plan in place					
<input type="checkbox"/> Toxicity test			<input type="checkbox"/> Space suitable for entry					
3. Confined Space Hazards								
HAZARD		COMMENTS		HAZARD		COMMENTS		
Limited entry and exit				Poor or no lighting				
Cramped or awkward body positions				Coatings or cleaning solvents				
Slippery or uneven surfaces				Falling objects				
Temperature (extreme hot or cold)				Animals or vermin				
Contents of space itself				Subjected to weather conditions				
Flammable/Explosive Atmosphere				Vibration / mobility of space				
Noxious smells				Radiation (non-ionizing / ionizing)				
Sludge, chemical residue or seepage				Vehicle exhaust or welding fumes				
Noise				Combustible material				
4. Chemical Exposure / Toxicity Information								
SUBSTANCE		PRIMARY HAZARD(S)		ROUTE OF ENTRY		M.S.D.S. LOCATION		
5. Energy Isolation								
Describe points and method of isolation. Reference Isolation Plan if necessary.								
6. Ventilation/Exhausting/Purging Requirements								
VENTILATION			PURGING					
Type:	<input type="checkbox"/> Forced	<input type="checkbox"/> Natural	Is purging required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If potential contaminants exist FORCED ventilation is required			Substance used:	<input type="checkbox"/> Water	<input type="checkbox"/> Steam	<input type="checkbox"/> Inert Gas		
7. Gas Detection Requirements								
Type of Gas Testing	<input type="checkbox"/> Continuous	<input type="checkbox"/> Every ___ hrs	Type of Detector used:					
<input type="checkbox"/> O ₂ Check	<input type="checkbox"/> LEL Check	<input type="checkbox"/>	Gas testing locations:					
<input type="checkbox"/> H ₂ S Check	<input type="checkbox"/> CO Check	<input type="checkbox"/>	Gas levels measured:					
8. Communication Requirements								
Type of Communication	<input type="checkbox"/> Direct Visual	<input type="checkbox"/> Direct Verbal	<input type="checkbox"/> Radio Contact - Channel _____					
9. Rescue Pre-Planning								
Potential Number of Entrants			Entry location Description					
Alternate Exit description			Exit location Description					

10. Equipment Requirements			
GENERAL	EMERGENCY & RESCUE	PERSONAL PROTECTIVE EQUIPMENT	
<input type="checkbox"/> Gas detector	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Hard Hat / FR liner	<input type="checkbox"/> FR coveralls
<input type="checkbox"/> Other ventilating equipment	<input type="checkbox"/> First aid kit	<input type="checkbox"/> Eye protection	<input type="checkbox"/> FR smock / long sleeve shirt
<input type="checkbox"/> Garbage can	<input type="checkbox"/> Eye wash device	<input type="checkbox"/> Safety boots	<input type="checkbox"/> Hearing protection
<input type="checkbox"/> Communications system	<input type="checkbox"/> Emergency lighting	<input type="checkbox"/> Full body harness	<input type="checkbox"/> Work gloves
<input type="checkbox"/> General space lighting	<input type="checkbox"/> Retractable lanyards	<input type="checkbox"/> Rubber Gloves	<input type="checkbox"/> High Visibility clothing
<input type="checkbox"/> GFCI secured electrical	<input type="checkbox"/> Man basket	<input type="checkbox"/> Chemical suit	<input type="checkbox"/> Personal lighting
<input type="checkbox"/> Pump	<input type="checkbox"/> SCBA	<input type="checkbox"/> Face shield	<input type="checkbox"/> Respirator
<input type="checkbox"/> Equipment chocks	<input type="checkbox"/> Rescue tripod system	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Traffic / Equipment Barricades	<input type="checkbox"/> Life line rope	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spark-proof tools	<input type="checkbox"/> Ladder	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Scope of Work			
TASK DESCRIPTION			ASSIGNED TO
12. Rescue Plan			
Number of ERT members available for response			
Rescue Communication in Place:	<input type="checkbox"/> Radio Contact - Channel _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Other
			*Must have at least 2
RESCUE PROCEEDURE			
1) I, <input type="text"/> the safety watch shall contact <input type="text"/> Companies Site Emergency Personnel immediately, clearly informing the person answering:			
A) Who is calling		C) Location of victim or emergency	
B) Where they are calling from		D) Type of emergency (i.e.: man unconscious, trapped)	
UNDER NO CIRCUMSTANCES SHALL THE SAFETY WATCH OR ANY PERSON NOT TRAINED IN CONFINED SPACE RESCUE ENTER THE WORK AREA OR ATTEMPT A RESCUE			
2) The Site Emergency Personnel Will:			
A) Contact ERT & City Emergency Response Personnel & advise the nature of emergency, number of victims, hazards etc. Account for all work group members and advise permit receiver and ERT		B) Deny access to work space and remain at scene to meet ERT <u>if safe to do so</u> . If unsafe, evacuate to designated assembly area and advise ERT.	
3) The ERT will:			
A) Respond to area as appropriate to conditions. Meet with Safety Watch & Shift Supervisor for briefing. Perform size-up & deploy to mitigate hazards. Initiate rescue operations per Rescue plan guidelines.			
SITE SPECIFIC RESCUE DETAILS			
13. Supervisor Approval			
I have read this fall confined space work plan & approve of it entirely. I have witnessed the implementation of the plan & agree it has been completed in conformance with this plan. Any site specific special work permits for confined space have been acquired.			
Site Permit (if applicable)	Permit Number	Permit Date	
Supervisor (name print)	Signature	Date	
14. Employees Working at Heights and Rescue Team Agreement			
I have read this fall protection work plan and agree to carry out all work as documented.			
Name (Print)	IN	OUT	Name (Print)
Reviewed By: (manager's signature)			Date

CONFINE SPACE ENTRY & EXIT LOG	Job No.			
	Approved By			
	Date / Time			
	Permit Number			
	Sheet		OF	

Entrant Entry and Exit Location(s) _____

Entrant Entry & Exit Log				Gas Monitoring					
#	Name	Time In	Time Out	Time	O ₂	H ₂ S	LEL	CO	Initials
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Supervisor (signature):		Date:
Reviewed By (managers signature):		Date: