



# Brock University Facilities Management Operating Procedures

Annex B

## Confined Space Entry Permit

### Space Description:

1. Location of space: \_\_\_\_\_
2. Permit number (if applicable): \_\_\_\_\_
3. Purpose of entry: \_\_\_\_\_
4. Description of work to be performed: \_\_\_\_\_

### B. Hazard Recognition (Assessment):

5. Hazard Assessment previously completed for space? ☐ Yes ☐ No – If no, complete assessment prior to entry
6. Current hazard assessment reviewed prior to entry? ☐ Yes ☐ No – If no, review prior to entry
7. Hazards found in keeping with previous assessment? ☐ Yes ☐ No – If no, complete review of assessment and hazards involved prior to entry
8. Completed assessment attached to entry permit? ☐ Yes ☐ No – If no, attach to permit prior to entry

### Safety Work Practice Requirements:

Date / Time

Verified by:

- |  |   |       |       |
|--|---|-------|-------|
| 9. Area secured                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 10. Piping disconnected:               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 11. Lockout / tagout completed         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 12. Cleaning (flushing / washing) done | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 13. Required purging or venting done   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 14. Sources of ignition controlled     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 15. Hot work permit obtained           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 16. Use of chemicals approved          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |

## Operational and Protective Equipment

Date / Time

Inspected & verified by:

- |  |   |       |       |
|--|---|-------|-------|
| 17. Ladder                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 18. Full body harness:                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 19. Lifeline                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 20. Tripod / hoist                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 21. Area security (signs / barricades) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 22. Fire extinguisher                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 23. Self Contained Breathing Apparatus | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 24. Face / eye protection              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 25. Gloves – type as required          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 26. Foot protection                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 27. Air purifying respirator           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |
| 28. Ventilation fan or blower:         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | _____ | _____ |



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29. Communication method (radio, verbal, visual) ☐ Yes ☐ No ☐ N/A \_\_\_\_\_
30. Device to summon rescue team ☐ Yes ☐ No ☐ N/A \_\_\_\_\_
31. Other (specify) \_\_\_\_\_ ☐ Yes ☐ No ☐ N/A \_\_\_\_\_

## Air Monitoring Device(s) / Data:

Name of Device	Model #	Serial / sequence #	Calibration due date	Pre-use check performed by?

32. Attendant air sampling required (select one) ☐ Continuously ☐ Every \_\_\_\_\_ minutes

33. Air Sampling results:

		Air sampling required for (complete where applicable)					
Time	Sampled by:	O <sub>2</sub> (19.5 – 23%)	< 10% LEL	< 25 ppm CO	< 10% H <sub>2</sub> S	Stratification	Other (specify)

## Entrant In / Out Record:

Name	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out

## G. Rescue Information:

34. Type of rescue ☐ Manual extraction (i.e. rescue team enters confined space to retrieve personnel?)  
☐ Extraction via retractable lifeline, which requires one of the following:  
☐ Lifeline attached to movable tripod / hoist mechanism  
☐ Lifeline attached to fixed point - Specify location: \_\_\_\_\_
35. Communication system in place? ☐ Two-way radio ☐ Hand signal ☐ Verbal
36. Rescue equipment available, inspected and in good condition (Refer to Section C) ☐ Yes ☐ No
37. Rescue team in place and available to perform rescue if required: ☐ Yes ☐ No
38. Campus Security called and shown entry location ☐ Yes ☐ No
39. All rescue team members trained and competent in:  
☐ On-site rescue procedures ☐ First aid – CPR  
☐ 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:

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Entrant sign and date:

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Attendant sign and date:

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Entrant sign and date

---

Attendant sign and date:

---

Entrant sign and date

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Rescue team member sign and date

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Rescue team member sign and date

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Rescue team member sign and date

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Supervisor sign and date:

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Permit Issuer sign and date