Coordinating Document
CONFINED SPACE ENTRY CHECKLIST

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

Lead Employer Name: ________________________________________________________________

Lead Employer Authorized Representative at site: ____________________________________________

Reviewed the following background 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 the lead employer and rescue employer have provided the required information in conformance with this coordinating document.

Name: ___________________________ Signature: ___________________________