



CONFINED SPACE ENTRY PERMIT

RISK LEVEL: _____

Person in Charge of Entry

Company	Name
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Contract Administrator	WO #	Date
Scope of Work		
Work Location		
Work Date(s)		
Permit valid for duration of work only. State date and time.		

Permit must be re-issued if any working conditions change (ie: change of shift, new hazard identified, etc.)

Emergency Response Procedures

Emergency Phone Number – 911 Nearest hospital: _____

Identify first aiders: _____ Fire extinguisher on site: Yes

Method of communication with entrant: Visual Verbal Other _____

Emergency (rescue) plan: _____

Hazard identification (check all) - If applicable, identify hazard reduction strategy

Drowning	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Entrapment in material	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Poor access	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Visibility	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Lighting	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Biological	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Dust	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Explosive/flammable	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Fumes/mists	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Humidity	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Oxygen deficient	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Oxygen enrichment	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Toxic gases	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Animals/bugs	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Bump hazards	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
High voltage	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Asbestos	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
PCB	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Noise	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Working at heights	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Slip/trip	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Temperature	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Hot work	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Traffic	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	n/a	<input type="checkbox"/>	_____

Identify all Confined Space Entrants

Identify Stand-By Worker

Planned Work: 1) 24 hours Prior to Entry: Fax permit to PP&D Safety Branch, fax# 204-986-3228)
 2) After Work is Complete: Forward original permit to the Supervisor in charge

Emergency Repairs: 1) Prior to Entry: Call Safety Branch, office# 204-986-5157 or cell# 204-805-2732
 2) After Work is Complete: Fax permit to Safety Branch, fax# 204-986-3860
 Forward original permit to the Supervisor in charge

Applicable Safe Work Procedure

City of Winnipeg work crews only: Review applicable Job Hazard Analysis and Safe Work Procedure with crew prior to entry.

- Risk level 1 Low risk
- Risk level 2 Medium risk
- Risk Level 3 High risk
- Risk level 4 High risk

NOTE: Due to the hazard level, Municipal Accommodations staff are not permitted to enter Confined Spaces designated as Level 3 or Level 4. This work must be contracted out to a contractor with the appropriate training, equipment and experience.

Air Monitoring

- Continuous air monitoring is required in all confined spaces with a risk rating of 2, 3 or 4
- Continuous air monitoring is required in all spaces where the job process may introduce an atmospheric hazard

Continuous air monitoring required: Yes No

Component	Permissible levels	Pre-entry concentration
Oxygen	19.5% – 23.0%	
Flammables/combustibles	Less than 10% LEL	
Toxics	CO - TWA 25 ppm - cannot exceed 100 ppm at any time	
	H2S - 5 ppm (15 mins STEL) - TWA 1 ppm (8 hr period)	

NOTE: If airborne toxic materials are suspected, DO NOT ENTER THE CONFINED SPACE.
 Contact your Supervisor and find out why they are there.

Gas Tester

Manufacturer: _____ Model: _____ Date calibrated: _____

Contractors

- Contractors are responsible for their own personal protection equipment, rescue plans, staff training, stand-by workers, tools and equipment and air monitoring equipment
- Contractors must fill out the permit, perform the work and send completed copies to the Contract Administrator
- Contractors are also responsible to create and review their own Job Hazard Analysis and Safe Work Procedure for the work

Contract administrator: _____ Phone #: _____

Contractor site supervisor: _____ Phone #: _____

Final Review Before Starting Work (check all)

- Scope of work discussed
- Person in charge has been identified
- Emergency response plan has been discussed
- All hazards identified and appropriate safe work procedures implemented
- Air quality checked where required
- PPE selected to mitigate the hazard(s)
- All required safety gear in on-site
- All required tooling on-site
- All required documentation is on-site (Safe Work Procedure, MSDS, manuals, prints etc)
- Confined Space Entry Permit must be posted at the work site beside the entrance to the confined space, and must remain posted throughout the duration of the work**

Sign-off

Person in charge of entry is satisfied all safe-work conditions have been met.

Name: _____

Signature: _____