



# Confined Space Entry Permit

This Confined Space Entry Permit must be completed before a UBC worker enters a confined space:

- that requires lockout or isolation procedures to be followed, or
- in which there is a hazard of entrapment or engulfment.

NOTE: While the Occupational Health and Safety Regulation (OHSR) also requires an entry permit to be filled when a worker enters a confined space with a high hazard atmosphere, **UBC workers do not enter confined spaces with high hazard atmospheres.**

## SPACE & WORK DETAILS

<b>SPACE TYPE:</b>	<input type="checkbox"/> Steam	<input type="checkbox"/> Sanitary	<input type="checkbox"/> Storm	<input type="checkbox"/> Electrical	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Pit
	<input type="checkbox"/> If Other, describespace type:					
<b>CLASSIFICATION:</b>	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	HIGH (Note: UBC Workers do not enter into HIGH hazard atmospheres)			
<b>LOCATION:</b>				<b>DEPARTMENT:</b>		
<b>START DATE/TIME:</b>	DATE	TIME	<b>EXPIRY DATE/TIME:</b>	DATE	TIME	
<b>REQUIRED WORK:</b> <small>(List ALL applicable work activities)</small>						

Only planned and anticipated work activities as per the specific confined space hazard assessment and procedures prepared for the above space is permitted. Should there be ANY change to the potential hazards, space conditions and/or work activities, ALL confined space work must stop and a Qualified Person must be engaged to conduct a reassessment.

## PRECAUTIONS & REQUIREMENTS

#	VERIFICATION	Y	N	N/A	INITIALS
1	Confined space hazard assessment reviewed by all workers involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Confined space procedures (entry, de-energization/lockout, rescue) reviewed by all?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	All workers involved clearly understand their roles and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Required equipment (including PPE) inspected and present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Hazardous energy sources de-energized and locked out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Work area secured against unauthorized entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Gas testing equipment calibrated, bump tested, present, inspected and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Ventilation system present, inspected and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Communication methods established, appropriate and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Standby person, rescue services and first aid services in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	All workers involved properly trained in confined space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Entry Permit contents reviewed with all workers involved prior to entry/work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I, \_\_\_\_\_ as the Responsible Supervisor, confirm that all involved confined space personnel have reviewed and understood the details of this permit, the written safe work procedures and required controls to safely perform the planned work.

**THIS PERMIT MUST BE POSTED AT EACH DESIGNATED POINT OF ENTRY TO CONFINED SPACE.  
THIS PERMIT EXPIRES ON THE DATE/TIME INDICATED ABOVE.  
CONFINED SPACE WORK CAN PROCEED. REFER TO SPECIFIC SAFE WORK PROCEDURES.**

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### ATMOSPHERIC TESTING & MONITORING (Test atmosphere every 20 minutes or less)

Pre-entry testing must be completed not more than 20 minutes before a worker enters confined space.  
 When all workers have vacated the confined space for more than 20 minutes, pre-entry testing must be repeated.  
 Test results must be posted at all points of entry to the confined space.

Multi-Gas Detector #1	MAKE/MODEL	SERIAL NUMBER	DATE LAST CALIBRATION	DATE LAST BUMP TEST
Multi-Gas Detector #2	MAKE/MODEL	SERIAL NUMBER	DATE LAST CALIBRATION	DATE LAST BUMP TEST

TIME	MG Unit #	O <sub>2</sub>	CO	H <sub>2</sub> S	LEL	INITIALS

### WORKER ENTRY/EXIT TIME LOG

FULL NAME	IN	OUT	IN	OUT	IN	OUT	IN	OUT

A COPY OF THIS ENTRY PERMIT MUST BE KEPT AND MAINTAINED ON FILE FOR A MINIMUM OF ONE (1) YEAR.