



Confined Space Entry Procedure

*This specific Confined Space Entry Procedure **MUST** be reviewed and followed along with the site-specific Confined Space Hazard Assessment and Rescue Procedure by all workers involved in the confined space work (e.g. responsible supervisor, worker entering, standby person, rescue persons).*

1.0 GENERAL/LOCATION DETAILS

NAME OF SPACE	
SITE ADDRESS	
ATMOSHPERIC HAZARD CLASSIFICATION	
PHOTO OF SPACE	

2.0 WORK OVERVIEW

*The work activities listed above **MUST NOT CHANGE** for this space. Should there be any changes, all work must stop and the responsible supervisor must be notified immediately. A Qualified Person must reassess the space and update this document and any other applicable documents accordingly.*



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3.0 REQUIRED EQUIPMENT (ON SITE)	
WORK AREA, SECURITY AND ENTRY	
<input type="checkbox"/> Delineators, barricades, caution tape	<input type="checkbox"/> Confined Space Work – warning signage
<input type="checkbox"/> Portable lighting, flashlight, headlamp	<input type="checkbox"/> Electrical cords (GFCI)
<input type="checkbox"/> 2-way radios, cell phones	<input type="checkbox"/> Portable ladder
<input type="checkbox"/> Standby Person multi-gas monitor (O ₂ , LEL, CO, H ₂ S) with pump	<input type="checkbox"/> Personal multi-gas monitor (O ₂ , LEL, CO, H ₂ S)
<input type="checkbox"/> Personal locks, scissor hasps, tags, lockout devices	<input type="checkbox"/> Group locks
<input type="checkbox"/> Positive pressure ventilation fan with flexible ducting	<input type="checkbox"/> Flexible ducting
DOCUMENTATION	
<input type="checkbox"/> Confined Space Hazard Assessment	<input type="checkbox"/> Confined Space Entry Procedure
<input type="checkbox"/> Confined Space Entry Log	<input type="checkbox"/> Confined Space Entry Permit
<input type="checkbox"/> Rescue Procedure	<input type="checkbox"/> De-Energization and Lockout Procedures
PERSONAL PROTECTIVE EQUIPMENT	
<input type="checkbox"/> Retrieval full body harness	<input type="checkbox"/> Respirator
<input type="checkbox"/> Safety footwear	<input type="checkbox"/> Hearing protection
<input type="checkbox"/> Hard hat	<input type="checkbox"/> Gloves
<input type="checkbox"/> Eye and face protection	<input type="checkbox"/> High visibility apparel
<input type="checkbox"/> Limb and body protection (e.g. coveralls, Tyvek disposable coveralls)	
RESCUE	
<input type="checkbox"/> Refer to Confined Space Rescue Procedure for a complete list of required rescue equipment	

4.0 SUMMARY OF IDENTIFIED HAZARDS (AS DOCUMENTED IN HAZARD ASSESSMENT) AND REQUIRED CONTROLS TO BE IN PLACE		
#	IDENTIFIED HAZARDS	REQUIRED CONTROLS



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5.0 VENTILATION REQUIREMENTS			
ATMOSPHERIC HAZARD CLASSIFICATION	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High (Note: UBC Workers do not enter into HIGH hazard spaces)
SPACE VOLUME		FT ³	METHOD
MAKE AND MODEL			# OF UNITS
MIN FAN CAPACITY		CFM	DUCT LENGTH
MIN # OF AIR CHANGES		PER HOUR	MAX # OF DUCT BENDS
OBSTRUCTIONS			MIN PURGE TIME
AIR MIXING EFFECTIVENESS			MINS
RATIONALE			

6.0 PROCEDURES
PRE-ENTRY REVIEW OF DOCUMENTATION
WORK AREA SETUP
DE-ENERGIZATION AND LOCKOUT OF ENERGY SOURCES
ATMOSPHERIC TESTING AND VENTILATION
COMMUNICATION, FINAL PREPARATION, TESTING
ENTRY INTO SPACE
EXIT, CLEAN UP



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7.0 SIGN OFF BY QUALIFIED PERSON

QUALIFIED PERSON COMPLETING CONFINED SPACE ENTRY PROCEDURE	
NAME AND DESIGNATIONS	
TITLE	
CONTACT INFORMATION	
SIGNATURE	
DATE	

9.0 DISCLAIMERS

This document is based on hazards that were identified for the space and for the planned work activities conducted by UBC workers at the time the Confined Space Hazard Assessment was conducted. Should there be any change to the space characteristics, potential hazards and/or planned work activities, all work must stop and the responsible supervisor must be notified immediately. A Qualified Person, as defined in the Occupational Health and Safety Regulation Section 9.11, must reassess the space and update the Confined Space Hazard Assessment and this Confined Space Entry Procedure accordingly.