



**DALHOUSIE
UNIVERSITY**

**Department of
Facilities Management
Occupational Health and Safety**

Confined Space Entry Permit

Building _____ **Confined Space ID #** _____

Date: _____ **Work Order No.** _____

Description of Confined Space:

Building _____ ID Number _____

Provide description if not found in Confined Space Inventory:

Specify the type of work that CAN be performed in the confined space.

Hot Work ____	Mechanical ____	Repairs ____
Cold Work ____	Welding ____	Inspections ____
Electrical ____	Scheduled Maintenance ____	Other ____

Estimated duration of the job. _____

Date _____ and Time _____ Permit was issued.

Date _____ and time _____ Permit expires.

Permit expiry time cannot exceed 24 hours from issue.

Specify the types of work that CANNOT be performed in the confined space.

Hot Work ____	Mechanical ____	Repairs ____
Cold Work ____	Welding ____	Inspections ____
Electrical ____	Scheduled Maintenance ____	Other ____

Calibration of Monitoring Equipment

Make of Sensor _____ Serial No. _____
 Date of Last Calibration _____ Bump Tested Yes ____ No ____
 Calibration Technique _____ Calibrated By _____
 Calibration Acceptable Yes ____ No ____

Pre Entry Atmospheric Tests

Parameters	Yes	No	1 st Test	2 nd Test
Oxygen Min 19.5 % Max. 22.5%			%	%
Flammability (% of LEL)			%	%
Carbon Monoxide			ppm	ppm
Hydrogen Sulphide			ppm	ppm
Toxic			ppm	ppm
Toxic				

Are Pre-Entry Test Results Acceptable Yes _____ No _____

If atmospheric tests indicate that a hazardous atmosphere exists work is not to proceed. Contact your shop foreperson.

Certification

Pre-Entry Assessment

I, _____ carried out the pre-entry confined space assessment and certify, based on available information, that the atmospheric conditions tested in this confined space are likely to be maintained within the specified ranges for the duration (24 hours) of this permit.

I further certify that a Job or Project Hazard Assessment has been completed and all required hazard control measures have been implemented.

Person Performing Assessment

Print Name

Sign

Date _____

Entrants and Attendants

As the Facilities Management employees that will be working as the confined space Entrants, and Attendant(s) at the above described confined space, we acknowledge by signing below, that:

- we have participated in a review of the completed permit.
- each of us has been provided with a copy of the entry procedures developed for this confined space.
- we are aware of the hazards / conditions and appropriate controls that are in place.
- we are aware of the safe work practices and safe work procedures that are to be followed on this job.
- we have been informed about the primary and secondary means of communication to be used between Entrants and the Attendant(s).

Entrant(s)

Print Name

Sign Name

Attendant(s)

Print Name

Sign Name

Certification

Person In Charge of Confined Space Entry

I, _____ acknowledge that I have assessed this confined space work site and that hazards / conditions identified by this permit are accurate and that appropriate control measures have been implemented. I authorize the specified work can be undertaken.

I also confirm, as required by Part 12 Section 130 (8)(e) through (h), that:

- any liquid in which an entrant may drown or any free flowing solid in which an entrant may become entrapped, if found in the confined space, has been removed from the confined space or that safe work practices and / or safe work procedures, or other appropriate control measures, have been developed that deal specifically with the presence of the liquid or solid.
- entry of any liquid, free flowing solid or hazardous substance into the confined space that could endanger the health or safety of a person has been prevented by a secure means of disconnection, the fitting of blank flanges or the implementation of a double block and bleed written procedure.
- any machine, tool, equipment or electrical installation that presents a hazard to Facilities Management employee, or other person, entering, exiting or occupying this confined space has been locked out.
- the opening(s) to be use for entry into and exit from this confined space is of sufficient size to allow safe unobstructed passage of any person wearing personal protective equipment or emergency rescue equipment.

Print Name

Sign Name

Date

Designated Emergency Rescue Team

Name _____ Radio # _____ Cell # _____

Name _____ Radio # _____ Cell # _____

Name _____ Radio # _____ Cell # _____

Has a representative from Campus Security physically viewed and confirmed the location of the confined space and the location of the entry point that will be used?

YES _____ NO _____

Campus Security Signature

Version: 1

Effective Date: March 2015

Revision Date: