

Entry Form for Confined Spaces

Date and Time of Issue

Form 0418 Rev/Rév: 2023/03 Valid Only For the Shift Issued

Part 1 Iden	tificatior	1									
Work Perm		Work Order No.									
Safety Person]	Rescue Person]	Permit Holder				
Description	of Spac	e									
Purpose of	Entry										
	•										
							entering the confined space, the Sa nd understand the safe work procee				
be followed. A	Anyone ent	tering the spa			be aware of and understand the r						
Part 2 - Air	Quality	Tests	T								
Competent Tester			Test Equipment Make & Model and Serial Number								
Competent 1			1000 -	Test Equipment Marc & Model and Serial Number							
Function Test P	'erformed F	Зу	Date L	Date Last Calibrated By							
or more. The v below. All ent understood ar	workspace frants must	must be rete t print their 1 1e person u	t the be ested if i name a inderst gnature	eginning it is sus and sign ands th e space i	g of each work shift and before a spected that the atmosphere has c in the form on entering the space he entry' the safe work proc	re-entry after t changed. Spec . Signing the redures to be	the space has been unattended for 3 cify the type of toxic gases tested in e form signifies that the air test r followed. Use extra forms or " very 20 minutes when performing o	the boxes esults are Form 419			
Sample Time	% O2 (Oxygen)	% L.E.L. (Lower Explosive Limit)	Specify Gas ppm	Specify Gas ppm	Entrant's Name (Please print legibly)	Time In	Signature	Time Out			
								+			
-		 						-			

Consider control measures if any toxic gases are present. Acceptable readings for common contaminants are 19.5 - 23 % Oxygen, 0 % L.E.L., 25 ppm Carbon Monoxide* or less, 10 ppm Hydrogen Sulphide* or less and 2 ppm Sulphur Dioxide* or less. (* if air testing instrument is equipped with a sensor for this gas). If toxic gases other than those listed are present or suspected, obtain appropriate monitoring equipment by contacting the Industrial Hygiene Dept. or the Health and Safety Dept.

This form must be retained at the issuing site with a copy of the work permit or other work records for a minimum of two years. This form must be provided to a WorkSafeNB, Health and Safety Officer on request.

Part 3 - Hazard Assessment Checklist		Check off all applicable boxes indicating the POTENTIAL hazards. Review the Confined Space Assessment flow diagram in the Confined Space Entry, Health and Safety Standard III-2. Also review the Safety Data Sheet for any materials in the tank or that will be taken into the tank.			
	Yes	No		Yes	No
Oxygen Deficiency			Explosive Dusts		
Enriched oxygen atmosphere			Electrical shock		
Change in Atmosphere			Engulfment		
Toxic contaminants			Drowning		
Combustibles			Heat or Cold Stress		
Falls			Burns		
Noise			Radiation*		
Other			Other		

*For Belledune only, if the space has radioactive sources also use "Confined or Enclosed Space Dosimetry Record", Form #1359

	pment and Methods Thecklist	Check off all applicable equipment and/or methods to be used for job safety or rescue from this confined space.			
1. Air monitor tests	Oxygen	Combustible gases			
	Toxics (specify)				
2. Ventilation equipment	Natural ventilation	Forced general ventilation (blower)			
equipment	Local exhaust ventilation	Verification of Effective Ventilation			
3. Communication	Verbal	Visual			
	Other(specify)				
4. Fall protection/	Harness	Lifeline			
rescue equipment	Fall arrest (specify)				
	Retrieval/rescue device				
5. Protective clothing	Hard Hat	Footwear Gloves			
	Glasses	Goggles Hearing protection			
	Others (specify)				
6 Despiratory		Dust mask (specify type)			
6. Respiratory protection	Air purifying	Dust mask (specify type) Cartridge (specify type)			
	Air supplied- Airline	5-minute egress bottle.			
		Self-contained breathing apparatus (SCBA)			
7. Electric equipment	Low voltage	GFCI Double Insulated			
	Other (specify)				
8. General	Barricades	Signs Fire extinguisher			
	Stretcher	First aid kit Resuscitator			
	Other (specify)				
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