

Planning, Property and Development Department - Municipal Accommodations Division

## CONFINED SPACE ENTRY PERMIT

RISK LEVEL:

## **Person in Charge of Entry**

Company		Name	
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 co	onditions change	(ie: chang	e of shift, new hazard identified, etc.)
<b>Emergency Response Procedure</b>	es		

# **Emergency Phone Number – 911** Nearest hospital:

Linergency Phone Number – 911	Nealest hospita			
Identify first aiders:			_ Fire extinguisher on site:	🗌 Yes
Method of communication with entrant:	Visual	Uerbal	Other	
Emergency (rescue) plan:				

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

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

Identify all Confined Space Entrants	Identify Stand-By Worker

Planned Work:	<ol> <li>24 hours Prior to Entry: Fax permit to PP&amp;D Safety Branch, fax# 204-986-3228)</li> <li>After Work is Complete: Forward original permit to the Supervisor in charge</li> </ol>
Emergency	<ol> <li>Prior to Entry: Call Safety Branch, office# 204-986-5157 or cell# 204-805-2732</li> <li>After Work is Complete: Fax permit to Safety Branch, fax# 204-986-3860</li></ol>
Repairs:	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

Yes 🗌 No Continuous air monitoring required:

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, standby 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: