



CONFINED / RESTRICTED SPACE PLAN

CF-S-44

This plan must be reviewed and approved by the Site Owner/Client Representative and the Strike Supervisor. In BC, this plan must also be approved by a Qualified Person - CET, CRST, CRSP, P. Engineer, or Strike Designated Competent Person (as per Strike COP 03).

Note: Safety watch can never be part of the rescue team or enter the confined space for any reason; they must only monitor and report.

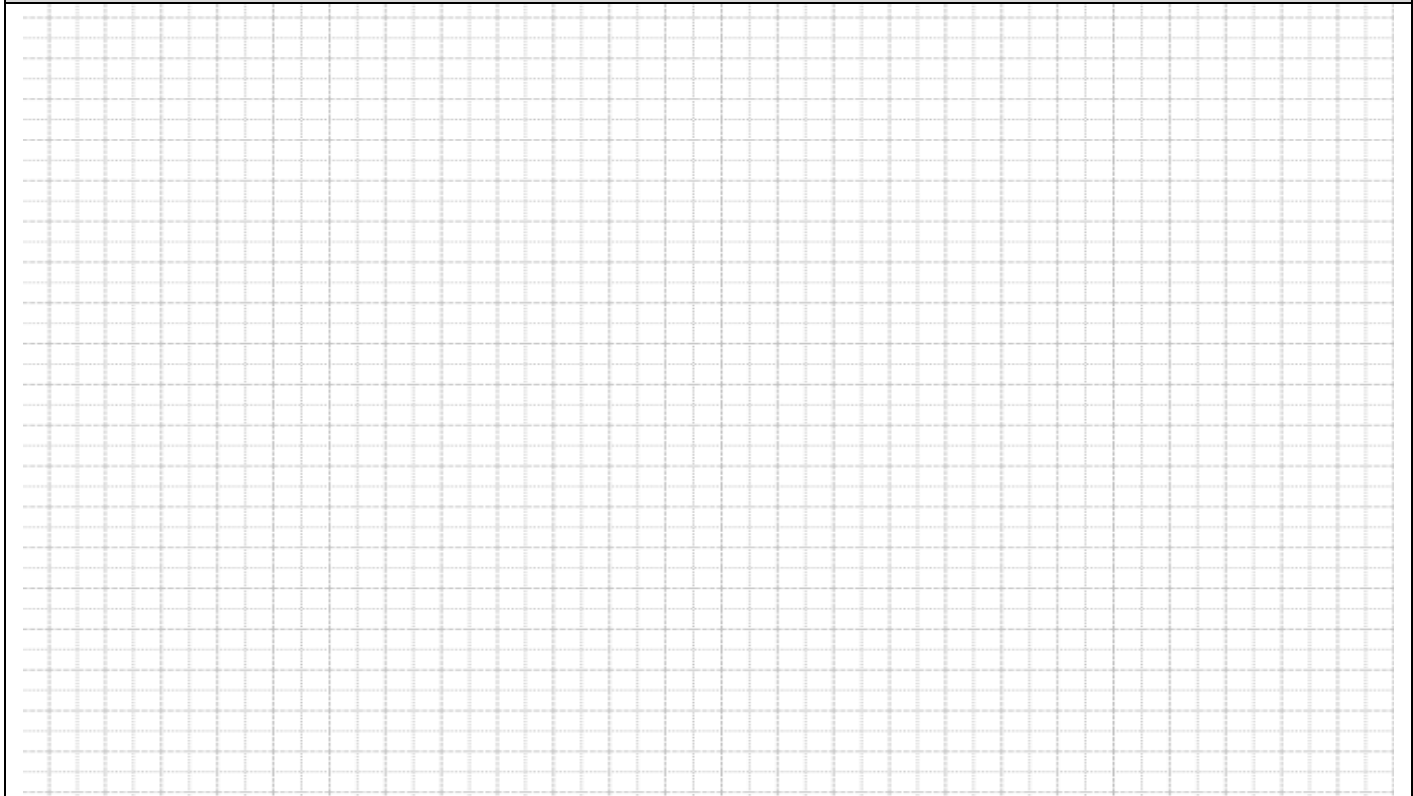
1.0 General Information

Business Unit: _____	Project #: _____	Date: _____
Client: _____	Supervisor: _____	Permit #: _____
Permit Issuer Name: _____	Signature: _____	
Permit Receiver Name: _____	Signature: _____	
Scope of Work: _____		
Work Location: _____		Weld#: _____

1.1 Confined Space Characteristics

General Shape:	Height: _____
	Width: _____
	Length: _____
	Diameter: _____
	Total Volume: _____
Access / Egress:	Description: _____
	Dimensions: _____
Tools / Equipment:	_____

1.2 Diagram of Space:





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3.0 Area Classification *Refer to COP 03 – Confined Space Entry

Confined Space Restricted Space

Confined Space Hazard Level: Low Hazard Moderate Hazard High Hazard

Potential for: Explosive Atmosphere Toxic Atmosphere Oxygen deficiency Other:

Contents last contained have been identified: Yes No

4.0 Rescue Plan

Confined Space Personnel Assigned:

Safety watch Entrants Rescuers

All workers are trained in confined space, as per Training in COP 03, and have reviewed the Confined/Restricted Space plan? Yes No

If no, explain:

Confined Space Hazard Controls:

Lock Out/ Tag out Blinding/Blanking Bump/zero Energy Check Verified by: _____
 Ventilation Purging Washed/Steamed Confined Space Sign
 COP-03 CSE reviewed GFCI protection HIAC complete WHMIS (SDS)
 Other:

Comments:

Rescue Equipment:

Harness Rope Manual winch Hauling System Spreader bar
 SCBA/SABA Light Ascenders Pulley/Carabiner Other: _____

Pre-use inspections complete? Yes No Comments:

Methods of Rescue:

External (Retrieval): Winch, rope, etc. Internal (Entry): Rescue team enters

Methods of Communication:

Attendant communication method to Rescue team: Phone Radio Audible Signal

Attendant communication method to Entrants:

Phone Radio Audible Signal Visual Hand Signal Rope Signal

Pre-use test completed? Yes No Comments:

Additional PPE:

Tyvek Suit Specialized Gloves RPE/SCBA/SABA Hearing Protection
 Goggles Personal Monitor Rescue Harness Other:

Monitoring of Atmosphere and Hazards:

Continuous monitoring required (If atmosphere has potential to become hazardous) Yes No

Continuous monitoring detector used: Yes No N/A

Periodic monitoring intervals: Yes No N/A

Monitor bump test completed? Yes No

Entry Log and Test Log in place? Yes No



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5.0 Confined Space Plan Sign Offs

Qualified Person		Client	
Name:		Client Reviewed & Accepted:	
Title:		Date of Acceptance:	
Company:		Next Recommended Review Date <i>(if applicable)</i> :	
Date of Assessment:			
Sign-off from Qualified Person:		Reviewer Comments:	
Role	Print Name	Signature	CSE Ticket
Safety Watch			<input type="checkbox"/>
Entrant			<input type="checkbox"/>
Entrant			<input type="checkbox"/>
Entrant			<input type="checkbox"/>
Entrant			<input type="checkbox"/>
Rescuer Lead			<input type="checkbox"/>
Rescuer			<input type="checkbox"/>
Rescuer			<input type="checkbox"/>
Rescuer			<input type="checkbox"/>

Strike Supervisor			
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