### Confined Space Identification

1. Is the space fully or partially enclosed? □ Yes □ No
2. Is the space NOT intended for continuous human occupancy? □ Yes □ No
3. Could an acute atmospheric hazard occur? □ Yes □ No

**Is this a Confined Space?** □ Yes □ No

If yes to all 3 questions, then this is a confined space; proceed below. If NOT sure, use Decision Tree (next page) to clarify.

### Description of Confined Space (check all that apply)

**Campus/Area:**
- [ ] UTM
- [ ] UTSC
- [ ] 89 Chestnut
- [ ] St. George
- [ ] Other

**Type of space:**
- [ ] Pit
- [ ] Boiler
- [ ] Tank
- [ ] Electrical Cable Chamber
- [ ] Other, specify ________________

**Location:**
- [ ] Indoors (Room #______)
- [ ] Outdoors (intersection/nearest building ________________)
- [ ] At ground / floor level
- [ ] Below ground
- [ ] Elevated

**Access:**
- [ ] Horizontal
- [ ] Vertical
- [ ] Other, specify ________________

**No. of Openings:** ___

**Description of Primary Access point:**

**Means of Access:**
- [ ] Stairs
- [ ] Permanent Ladder
- [ ] Portable Ladder
- [ ] Winch
- [ ] Other, specify ________________

**Alternate Access (if any):** __________________________________________________________________

**Unauthorized Entry prevented by:** ______________________________________________________________
(describe method – e.g. Signs, locks, special tools)

**Approximate dimensions of space (LxWxH):** ____________

**Estimated volume:** _______________________

### Work to be done:

_____________________________

**Primary reason for entry:**
- [ ] Preventive maintenance
- [ ] Inspection
- [ ] Cleaning
- [ ] Repair
- [ ] Project/Service Order #:

_____________________________

- [ ] Other, specify ________________

**Frequency of Entry:**
- [ ] Daily
- [ ] Weekly
- [ ] Monthly
- [ ] Yearly
- [ ] Other, specify ________________

**Who will be doing the work?**
- [ ] UofT Staff ______________________________________
  (specify trade or utility, other)
- [ ] Contractor(s) ___________________________________
  (Company Name)

### Diagram of Confined Space
Appendix G: Form A – Hazard Assessment

For each hazard below, indicate if it is present (✓), possible (?), or not present (×) and describe. If hazard is unknown or cannot be adequately controlled, do NOT enter space!

1. **Atmospheric Hazards** (including gases, vapours, fumes, dusts, mists) that may cause an acute health condition (e.g. “immediately dangerous to life and health”) or interfere with a person’s ability to escape unaided?

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Present (✓) Possible (?) Not Present (×)</th>
<th>Source, Type, Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen Deficiency (&lt;19.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen Enrichment (&gt;23%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flammable or Combustible Atmospheres</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toxic Atmosphere</td>
<td></td>
<td>Carbon Monoxide</td>
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<tr>
<td></td>
<td></td>
<td>Hydrogen Sulfide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other(s) (specify)</td>
</tr>
</tbody>
</table>

2. **Other Hazards** (due to design, construction, location, use or contents)

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Present (✓) Possible (?) Not Present (×)</th>
<th>Source, Type, Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical (MSDS available?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological, (insects, animals, waste, remains, mold)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical, (contact with moving parts, machinery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stored energy, (steam, hydraulic, pneumatic, gravitational energy)</td>
<td></td>
<td></td>
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<tr>
<td>Electrical (shock, electrocution)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical, (contact w/ irregular/slippery/ sharp surfaces)</td>
<td></td>
<td></td>
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<tr>
<td>Temperature, heat/cold, humidity</td>
<td></td>
<td></td>
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<tr>
<td>Engulfment (water, loose materials)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 2. Other Hazards con’d (due to design, construction, location, use or contents)

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Present (√)</th>
<th>Possible (?)</th>
<th>Not Present (×)</th>
<th>Source, Type, Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult entry/exit</td>
<td></td>
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<tr>
<td>Different work levels, falls</td>
<td></td>
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<tr>
<td>Cramped work area</td>
<td></td>
<td></td>
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<tr>
<td>Noise/vibration</td>
<td></td>
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<tr>
<td>Poor visibility/lighting</td>
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<tr>
<td>Ergonomics (awkward posture, high force, repetition)</td>
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<tr>
<td>Traffic</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Weather</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hot work, ignition sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other(s) (specify)</td>
<td></td>
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</table>

**NOTE:** This Hazard Assessment must be conducted by a person who has adequate knowledge, training, and experience to conduct Confined Space assessments.

**Hazard Assessment conducted by** (Owner of Confined Space):

Name (print): ____________________________ Position: ____________________________

Department/Area: __________________________ Phone: ____________________________

Signature: ____________________________ Date: ____________________________

**Hazard Assessment reviewed by** (non-owner, e.g. Utilities, Trades or Contractor who will be doing the work):

Name (print): ____________________________ Position: ____________________________

Department/Company: ______________________ Phone: ____________________________

Signature: ____________________________ Date: ____________________________
Recognizing a Confined Space

START HERE

Is the space fully or partially enclosed such that air flow may be restricted or atmospheric contaminants may accumulate?

No

Not a confined space

Yes

Is the space designed & constructed for continuous human occupancy?

No

Could an acute atmospheric hazard occur due to the construction, location, contents, or the work to be done in the space?

Yes

Could an acute atmospheric hazard result in acute health effects that cause either an immediate threat to life; OR interfere with the ability to escape, unaided?

No

This is a Restricted Space See VoT Standard

Yes

DEFINITIONS

Fully enclosed: (complete walls, floor ceiling, access only by a limited opening e.g., a tank)

Partially enclosed: (one or more walls, floor, ceiling is absent or a large percentage of surface area is opened to adjacent non-confined space areas e.g., an open pit) such that air may be restricted or atmospheric contaminants may accumulate.

A space designed for continuous human occupancy:
- has provisions for structural adequacy, ventilation, lighting, access and egress (e.g., full size doors) is designed and constructed according to codes (e.g., Ont. Building Code, Ont. Fire Code, CSA B53, Mechanical Refrigeration Code)
- i.e., is NOT made primarily to contain, move or manipulate materials or equipment

Acute atmospheric hazards are (O.Reg 623/05):
- accumulation of flammable, combustible or explosive agents, or
- oxygen content in the atmosphere that is less than 19.5% or more than 23 % or
- accumulation of atmospheric contaminants, including gases, vapours, fumes, dusts or mists

Immediate threat to life:
- e.g., unconsciousness, respiratory distress, impaired judgement, death

Interfere with a person’s ability to escape unaided:
- without respiratory protection, emergency equipment or assistance from other persons e.g., strong irritation, drowsiness, confusion

THIS IS A CONFINED SPACE
- add to inventory
- prevent unauthorized entry
Appendix H: Form B – Entry and On-Site Rescue Plans

The following controls, based on the Hazard Assessment (FORM A) of this confined space, will be implemented BEFORE entry.

Duties/Responsibilities:

All Supervisors, Entrants, Attendants, Rescue staff and Contractors will follow the requirements of UofT’s Confined Space Program.

All sections of the Entry Plan must be completed. All workers entering the confined space must be trained on this Entry Plan.

Ventilation and Purging:

1) Space Preparation Methods:

☐ Empty  ☐ Clean  ☐ Inert  ☐ Purge  ☐ Ventilate  ☐ Depressurize  ☐ Heat/Cool  ☐ Other______________
☐ N/A

2) Ventilation:

☐ Mechanical fresh air supply  ☐ Mechanical exhaust  ☐ Natural ventilation only (not recommended)

Ventilation failure warning system:  ☐ Alarm  ☐ Verbal  ☐ Other method____________________________

Initial ventilation duration:_________________________ Ventilator to be used: __________________________

Multiple units required?  ☐ Yes  ☐ No  Intrinsically safe blower required?  ☐ Yes  ☐ No

Saddle vent required?  ☐ Yes  ☐ No  Ventilation required during entry?  ☐ Yes  ☐ No

Strategy for ventilating space: __________________________________________________________________

Hazardous Energy Isolation, Control of Materials Movement: (UofT Lockout Procedures)

☐ Electrical  ☐ Mechanical  ☐ Hydraulic/Pneumatic  ☐ Steam  ☐ Gravity  ☐ Gases  ☐ Fluids  ☐ Materials
☐ Other, (specify) ___________________________________________________________  ☐ N/A

Pipeline Isolation:

☐ Broken  ☐ Blanked/blind  ☐ Capped  ☐ Vented  ☐ Blocked  ☐ Double Block & Bleed  ☐ Isolation valve
☐ Other, (specify)___________________________________________________________  ☐ N/A

Attendant(s): (all must be checked)

☐ Stationed outside space, near entrance  ☐ Trained to monitor the safety and assist entrants

☐ In constant communication with entrants  ☐ Has device for summoning rescue response

☐ Will NOT enter the space
Appendix H: Form B – Entry and On-Site Rescue Plans

**Work Equipment Required:** (see Rescue Plan for Rescue Equipment Requirements)

- □ Generator
- □ Double Insulated Tools
- □ Explosion-proof equipment
- □ Spark-proof tools
- □ Ground fault circuit interrupter (GFCI)
- □ Low voltage
- □ Battery operated lighting
- □ Light sticks
- □ Other (specify) _______________________________________________________________

□ All Equipment checked by: _____________________________________________________

(name, employer)

**Communication Methods:** (Indicate Primary (P) or Backup (B), Entrant (E) or Rescue (R))

- ___ Visual
- ___ Verbal from access
- ___ Radio – portable
- ___ Phone
- ___ Cell Phone
- □ Intrinsically safe equipment req’d
- □ Other, specify_________________________________________

Emergency Telephone Number ______________________________________

**Personal Protective Equipment (PPE):**

- □ Safety goggles
- □ Safety Glasses
- □ Hardhat
- □ Face shield
- □ Welding helmet
- □ Hearing Protection
- □ Protective footwear, specify____________________
- □ Protective gloves, specify____________________
- □ Protective clothing, specify_________________________________________________________________
- □ Air purifying respirator for _______________________________________________________________
- □ Half mask
- □ Full mask
- □ Powered air purifying
- □ Supplied air respirator  (non- UofT personnel only)
- □ SCBA  (non- UofT personnel only)
- □ Body harness and hand lines
- □ Tyvek Suit
- □ Cooling Vest
- □ Other, (specify)________________________________________________________________________

**Atmospheric Testing:**

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Criteria</th>
<th>Equipment for Air Monitoring*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>19.5-23.0%</td>
<td></td>
</tr>
<tr>
<td>Flammable and explosive</td>
<td>&lt;25% (inspection)</td>
<td></td>
</tr>
<tr>
<td>atmosphere – Lower Explosive Limit (LEL)</td>
<td>&lt;10% (cold work)</td>
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</tr>
<tr>
<td>Carbon Monoxide</td>
<td>10 PPM maximum</td>
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<tr>
<td>Hydrogen Sulphide</td>
<td>5 PPM maximum</td>
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<tr>
<td>Other-</td>
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<tr>
<td>Other-</td>
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<td></td>
</tr>
<tr>
<td>Other-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All equipment used for air monitoring must meet the following criteria:
- Calibrated by a manufacturer-approved service provider within the last 12 months
- Bump-tested using appropriate span gas on-site prior to use (entry of workers)
- Keep calibration certificates
Appendix H: Form B – Entry and On-Site Rescue Plans

If Explosive and/or Flammable Substances are present workers may NOT enter space unless:

1. □ Space has been adequately inerted using __________________________________________________
   □ Atmosphere is monitored continuously to ensure it remains inert AND
   Worker entering space uses
   □ Adequate respiratory protection ______________________________________________________
   □ Adequate equipment to allow persons outside to locate and rescue worker ____________________
   □ Other equipment to ensure workers safety _________________________________________________

   OR

2. Airborne combustible dusts or mists present? □ Yes □ No
   Control measures in place? (ventilation, purging) □ Yes □ No

   OR

3. Concentration of explosive or flammable gas or vapour is below the limit for type of work done.
   □ Inspection only Concentration must be less than 25% LEL
   □ Cold Work Concentration must be less than 10% LEL
   □ Hot Work Concentration must be less than 5% LEL
   □ Oxygen content does not exceed 23%
   □ Atmosphere is monitored continuously
   □ Entry Permit allows hot work, controls in place
   □ Adequate alarm system and exit procedure if levels > 5% LEL or 23% oxygen

   Specify type:
   □ Welding □ Cutting □ Grinding □ Open flame work □ Other (specify) _____________

   Hot Work permit required by Fire Prevention Services: □ Yes □ No
   Attached if required? □ Yes □ No

Training

UofT personnel
□ List of UofT personnel who will enter the confined is attached.
□ Confined space training records for the UofT personnel attached.

Contractors
□ Hiring department has received written confirmation that contract workers has received confined space training

Entry Plan Training
Location: ________________________ Date: ____________________ By whom? ________________________
Rescue Plan

☐ 1. Non-entry rescue

☐ 2. Entry Rescue

Primary Access point ________________________ Alternate Access (if any) ___________________________

Rescue Equipment Required (Number of each):

☐ Tripod system _____

☐ SCBA_____  

☐ CSA group D, full body harness with “D” rings_____  ☐ SAR _____

☐ Lifeline ______

☐ Escape SCBA_____

☐ First Aid Kit____

☐ Fire Extinguisher____

☐ Personal Alert/Distress Device_____  

☐ Other, specify_________________

Communication to Emergency Services:

☐ Radio - portable  ☐ Cell Phone  ☐ Radio - hardwired  ☐ Other, specify_________________________

Emergency Telephone Number _____________________________

Rescue and Communication Equipment Checked by ___________________________ Date:___________

(name, employer)

Equipment Certifications are located: _____________________________

Number of rescuers required: _________    Rescue Training verified ☐    First Aid/CPR Training verified ☐

<table>
<thead>
<tr>
<th>Name of Rescuer</th>
<th>Duties</th>
<th>Methods</th>
</tr>
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<tbody>
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</tbody>
</table>

**NOTE:** This Entry Plan must be developed and implemented by a competent person who has adequate knowledge, training, and experience to organize the work, is familiar with legislation that applies to the work, and has knowledge of any potential or actual danger to health or safety in the workplace.

Entry Plan prepared by:

Name: ___________________________________________ Position: __________________________

Dept./Contractor: ___________________________ Phone: ___________________________

Signature: ___________________________ Date: ___________________________

Coordination document (Form C) required and attached: Yes ☐ N/A ☐
NOTE: This Co-ordination Document ONLY needs to be filled out IF there will be workers from more than one employer (i.e. UofT employee(s) AND outside contractor(s)) performing work in the same confined space or related work with respect to the same confined space.

The University of Toronto (as the lead employer) and the following contractor(s) will be doing work in or related to the same Confined Space. In order that the work is done in a manner which protects the health and safety of ALL workers and according to the U of T Confined Space Program, the following terms and conditions have been agreed upon. If, during the course of the work, any changes are required or new issues are discovered, the work will be suspended until such changes have been discussed, resolved, recorded and signed off by all employers. A copy of this document will be provided to each employer, the JHSC/Representative of each employer (or, if none, the employees of each employer).

**Campus / Area / Building / Room Number (or Location):** ____________________________________________

**Type of space:**
- [ ] Pit
- [ ] Tank
- [ ] Boiler
- [ ] Cable Chamber
- [ ] Other, please specify _______________________________________________________

**Reason(s) for Work:** ________________________________________________________________

**Brief description of work to be done by the University:** ____________________________________

**Name of Contractor(s):**
________________________________________________________________________

**Brief description of work to be done by the contractor(s):** ________________________________

**The UofT Confined Space Program has been reviewed and understood by ALL participants:** Yes [ ]
**General Confined Space training of ALL participants has been verified:** Yes [ ]
**Entry Plan specific training for ALL participants has been conducted:** Yes [ ]
**by:** _____________________________________________________
(name, employer)

**Documents Available:**
- [ ] Hazard Assessment prepared by: ___________________________________________________
(name, UofT owner of CS)
- [ ] Entry Plan prepared by: __________________________________________________________
(name, employer)
- [ ] On-Site Rescue Plan prepared by: __________________________________________________
(name, employer)
- [ ] Entry Permit prepared and maintained by: ___________________________________________
(name, employer)

**The attendant(s) will be provided by:** _________________________________________________
(employer)
Appendix I: Form C – Coordination Document

Safe entry and exit will be by: _______________________________________________________________
(describe method, e.g. ladder, winch)

Unauthorized entry will be prevented by: _______________________________________________________
(describe method – e.g. signs, locks, special tools)

Atmospheric testing equipment will be supplied by ______________ and operated by _________________
(employer) (name)

Procedures & controls are in place for working in flammable or explosive atmospheres: □ Yes □ N/A

Ventilation/purging equipment will be supplied by ______________ and operated by _________________
(employer) (name)

Isolation of energy & control of materials movement (Lockout, etc.) will be done by: ________________
(employer, name)

Primary and back up communication will be supplied by: _________________________________________
(employer)

Rescue equipment will be provided by: _________________________________________________________
(employer)

On-site rescue procedures will be performed by: _________________________________________________
(employer, name)

Other control measures to be provided by ______________ & operated by _________________
(employer) (name)

Other Comments: ___________________________________________________________________________

The undersigned agree to the above conditions.

ON BEHALF OF UofT:

NAME (print): __________________________
JOB TITLE: ____________________________
DEPT: ________________________________
PHONE/MIKE: _______________________  
SIGNATURE: __________________________
DATE: _______________________________

ON BEHALF OF CONTRACTOR:

NAME (print): __________________________
JOB TITLE: ____________________________
COMPANY NAME: ____________________
PHONE: ______________________________
SIGNATURE: __________________________
DATE: _______________________________
Appendix J: Entry Permit (Permit must be available at the job site)

**ENTRY PERMIT**

Date: ______________________

Confined Space Number: /_____//-/_____//-/_____/ / 
Building Group Number

Permit number: ____________________ (Confined Space number – Date)

Location of confined space: ____________________________________________
(Campus, building, floor/room)

Description of the work to be done: ______________________________________

Assessment and Controls:
☐ Form A Hazard Assessment has been completed or if required, updated based on work scope.
☐ Form B Entry and On-Site Rescue Plans or corresponding SOP has been completed and attached
☐ Form C Co-ordination Document, if needed, has been completed and is attached.
☐ If work lasts for more than 1 shift, a new permit has been issued and Form B Hazard Assessment/SOP has been reviewed to ensure that conditions have not changed between shifts.
☐ All controls on Entry Plan have been inspected and implemented.
☐ All emergency and rescue equipment has been inspected and in good working order
☐ Hot work permit, if needed, is attached and controls have been implemented.
☐ Gas monitor has been inspected and bump tested.
☐ All participants have had general confined space training.
☐ All workers have been trained on Entry Plan and On-site Rescue plan.
☐ Rescuers have required training (on-site rescue procedures, first aid/CPR, use of rescue equipment).

Plan-Specific Training Record:
The following workers have been trained on the Entry Plan and the On-site Rescue Plan for this confined space entry.

Instructors Name: ____________________ Training Date: ____________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Company</th>
<th>Role: entrant, attendant, rescuer, entry supervisor</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Description of hazards:
☐ Oxygen Deficiency (<19.5%) ☐ Oxygen Enrichment (>23%) ☐ Carbon Monoxide
☐ Hydrogen Sulphide ☐ Flammable or Combustible Atmospheres
☐ Other atmospheric hazards: ____________________________________________
☐ Biological ☐ Stored Energy ☐ Engulfment ☐ Mechanical contact or Moving Parts
☐ Electrical ☐ Temperature/weather ☐ Difficult entry/exits ☐ Working at Heights
☐ Ergonomics ☐ Noise
☐ Other hazards not listed: ____________________________________________
Comments: __________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix J: Entry Permit (Permit must be available at the job site)

Control of hazards:
List controls used for each hazard addressed above and verify that they are in place. Refer to Hazard Assessment and the Entry & Rescue Plan as needed.

<table>
<thead>
<tr>
<th>Control</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space Preparation Methods</td>
<td></td>
</tr>
<tr>
<td>Ventilation</td>
<td></td>
</tr>
<tr>
<td>Hazardous Energy Isolation, Control of Materials Movement</td>
<td></td>
</tr>
<tr>
<td>Pipeline Isolation</td>
<td></td>
</tr>
<tr>
<td>Work Equipment Required</td>
<td></td>
</tr>
<tr>
<td>Communication Methods</td>
<td></td>
</tr>
<tr>
<td>Emergency Phone Number</td>
<td></td>
</tr>
<tr>
<td>Personal Protective Equipment (PPE)</td>
<td></td>
</tr>
<tr>
<td>Rescue Equipment</td>
<td>Rescue Equipment in good working order? Yes No (circle one)</td>
</tr>
<tr>
<td>Hot work provisions</td>
<td>(Attach Hot Work Permit)</td>
</tr>
</tbody>
</table>

**Safety Attendant/Atmospheric Testing**

Name of the Safety Attendant: ____________________________ Company: ____________________________

- Oxygen
- Combustibles/Flammables
- Carbon Monoxide
- Hydrogen Sulfide
- Other(s): _______

Continuous monitoring  Yes  No  Periodic monitoring (state frequency) ________________________

- Multi-gas detector  Yes  No  Remote sampling probe  Yes  No  Colourimetric tubes/pump  Yes  No  Other  _______________

Operated by: ____________________________ Initials: ______  Dept./Contractor: ____________________________

Instrument(s) Name  Factory Calibration Date(s):  Span Gas/Bump Test Date(s):

________________________________    ________________________________   ________________________
________________________________    ________________________________   ________________________
________________________________    ________________________________   ________________________
### Atmospheric Testing (Record)

<table>
<thead>
<tr>
<th>Results</th>
<th>Recorded by: ____________________________</th>
<th>Date: ____________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Location &amp; Level</th>
<th>%Oxygen (19.5-23%)</th>
<th>Flammables/Combustibles % LEL (5,10,25)</th>
<th>Carbon Monoxide (10 ppm max)</th>
<th>Hydrogen Sulfide (5 ppm max)</th>
<th>Other (ppm max)</th>
<th>Initials</th>
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### Entry Record

By signing below, I understand the instructions, precautions and work to be done as noted on this permit.

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Appendix J: Entry Permit (Permit must be available at the job site)

Authorization

NOTE: This Entry Permit must be authorized by a competent person who has adequate knowledge, training, and experience to organize the work, is familiar with legislation that applies to the work, and has knowledge of any potential or actual danger to health or safety in the workplace.

This permit is valid from _____ am/pm on ________________ to _____ am/pm on__________________ ONLY
(time)  (date)          (time)   (date)

This permit must be available at the job site.
Permit is void if any of the following occurs:  
- significant deviation from conditions noted in assessment
- change in personnel
- date/time has expired

I have reviewed the Hazard Assessment, Coordination Document (if applicable), Entry Plan, On-Site Rescue Plan and this Entry Permit and authorize the listed employees to enter and conduct work in accordance with the UofT Confined Space Program.

Authorized by:
Name: __________________________ Position: _________________ Dept./Contractor: __________________
Phone: _____________________ Signature: _______________________ Date: ___________________

Permit Cancellation

I hereby confirm that the work related to this permit has been completed and no workers remain in the space.
Permit cancelled by:
Name: __________________________ Position: _________________ Dept./Contractor: __________________
Phone: _____________________ Signature: _______________________ Date: ___________________