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

2. **Other Hazards** (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>Chemical (MSDS available?)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Biological, (insects, animals, waste, remains, mold)</td>
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<tr>
<td>Mechanical, (contact with moving parts, machinery)</td>
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<tr>
<td>Stored energy, (steam, hydraulic, pneumatic, gravitational energy)</td>
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<tr>
<td>Electrical (shock, electrocution)</td>
<td></td>
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<tr>
<td>Physical, (contact w/ irregular/slippery/sharp surfaces)</td>
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<tr>
<td>Temperature, heat/cold, humidity</td>
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<tr>
<td>Engulfment (water, loose materials)</td>
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</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>Source, Type, Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult entry/exit</td>
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<tr>
<td>Different work levels, falls</td>
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<tr>
<td>Cramped work area</td>
<td></td>
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<tr>
<td>Noise/vibration</td>
<td></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>
<td></td>
<td></td>
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<tr>
<td>Weather</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot work, ignition sources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other(s) (specify)</td>
<td></td>
<td></td>
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</tbody>
</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

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?

Yes

THIS is A CONFINED SPACE
- add to inventory
- prevent unauthorized entry

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 623/65):
- accumulation of flammable, combustible or explosive agents, or
- oxygen content in the atmosphere that is less than 19.5% or more then 23% or
- accumulation of atmospheric contaminates, 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 person's e.g. strong irritation, drowsiness, confusion
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>
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<tr>
<td>atmosphere – Lower</td>
<td>&lt;10% (cold work)</td>
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<tr>
<td>Explosive Limit (LEL)</td>
<td>&lt;5% (hot work)</td>
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<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>
<td>Other-</td>
<td>Other-</td>
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<tr>
<td>Other-</td>
<td>Other-</td>
<td>Other-</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
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? _______________________
Appendix H: Form B – Entry and On-Site Rescue Plans

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>
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</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.

<table>
<thead>
<tr>
<th>ON BEHALF OF UofT:</th>
<th>ON BEHALF OF CONTRACTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (print):</td>
<td>NAME (print):</td>
</tr>
<tr>
<td>JOB TITLE:</td>
<td>JOB TITLE:</td>
</tr>
<tr>
<td>DEPT:</td>
<td>COMPANY NAME:</td>
</tr>
<tr>
<td>PHONE/MIKE:</td>
<td>PHONE:</td>
</tr>
<tr>
<td>SIGNATURE:</td>
<td>SIGNATURE:</td>
</tr>
<tr>
<td>DATE:</td>
<td>DATE:</td>
</tr>
</tbody>
</table>

UNIVERSITY OF TORONTO
CONFINED SPACE PROGRAM APPENDICES
REVISED OCTOBER 2016
Appendix J: Entry Permit (Permit must be available at the job site)

**ENTRY PERMIT**

Date: ________________

Confined Space Number: /_____ /-/_____ /-/_____ /-/_____/

Building Class 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 implemented.
☐ All emergency equipment has been inspected and is 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.

**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: ____________________________________________ Date: ________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Company</th>
<th>Role: entrant, attendant, rescuer, entry supervisor</th>
<th>Signature</th>
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<tbody>
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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>
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<tr>
<td>Pipeline Isolation</td>
<td></td>
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<tr>
<td>Work Equipment Required</td>
<td></td>
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<tr>
<td>Communication Methods</td>
<td></td>
</tr>
<tr>
<td>Emergency Phone Number</td>
<td></td>
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<tr>
<td>Personal Protective Equipment (PPE)</td>
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<tr>
<td>Rescue Equipment</td>
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</table>

Rescue Equipment in good working order? Yes  No (circle one)

Hot work provisions (Attach Hot Work Permit)

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  ☐ Remote sampling probe  ☐ Colourimetric tubes/pump  ☐ Other_________________

Operated by: ________________________  Initials: _____  Dept./Contractor: _____________________

Instrument(s) Name/Model No./Serial No.  Factory Calibration Date(s):  Span Gas/Bump Test Date(s):

________________________________  ________________________________  _______________________
________________________________  ________________________________  _______________________
________________________________  ________________________________  _______________________

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

Atmospheric Testing (Record)

<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: _____________________