**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:** ____________________________

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

- **Estimated volume:** _________________________

### Work to be done:

- □ Project/Service Order #: _________________________

- **Primary reason for entry:**
  - □ Preventive maintenance
  - □ Inspection
  - □ Cleaning
  - □ Repair
  - □ Other, specify _________________________

- **Frequency of Entry:**
  - □ Daily
  - □ Weekly
  - □ Monthly
  - □ Yearly
  - □ Other, specify _________________________

- **Who will be doing the work?**
  - □ UofT Staff ______________________________________
  - □ Contractor(s) _________________________

- **(Company Name)
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

**Atmospheric hazards are**: - 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 person's e.g. strong irritation, drowsiness, confusion

---

**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?

Yes

Is the space designed & constructed for continuous human occupancy?

No

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

Yes

Could an 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 CONFINED SPACE**
- add to inventory
- prevent unauthorized entry

Can the space be made safely to enter without requiring respiratory protection, by using ventilation, air monitoring etc?

No

This is a **CLASS 1** confined space

Yes

This is a **CLASS 2** confined space
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>
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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>Carbon Monoxide</td>
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<td></td>
<td>Hydrogen Sulfide</td>
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<td></td>
<td>Other(s) (specify)</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>
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<tbody>
<tr>
<td>Chemical (MSDS available?)</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>
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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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</tbody>
</table>
2. Other Hazards con’d (due to design, construction, location, use or contents)

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<thead>
<tr>
<th>Hazards</th>
<th>Present (✓)</th>
<th>Possible (?)</th>
<th>Not Present (✗)</th>
<th>Source, Type, Explanation</th>
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<tbody>
<tr>
<td>Difficult entry/exit</td>
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<td>Different work levels, falls</td>
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<tr>
<td>Cramped work area</td>
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<tr>
<td>Noise/vibration</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>
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<tr>
<td>Weather</td>
<td></td>
<td></td>
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<tr>
<td>Hot work, ignition sources</td>
<td></td>
<td></td>
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<tr>
<td>Other(s) (specify)</td>
<td></td>
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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: _____________________________
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>
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<tr>
<td>atmosphere – Lower Explosive</td>
<td>&lt;10% (cold work)</td>
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</tr>
<tr>
<td>Limit (LEL)</td>
<td>&lt;5% (hot work)</td>
<td></td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td>10 PPM maximum</td>
<td></td>
</tr>
<tr>
<td>Hydrogen Sulphide</td>
<td>5 PPM maximum</td>
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<tr>
<td>Other-</td>
<td></td>
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<tr>
<td>Other-</td>
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<tr>
<td>Other-</td>
<td></td>
<td></td>
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</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
   ☐ 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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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).

University of Toronto (as the lead employer) and ________________________________

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

**Entry Record**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
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**Atmospheric Testing**

- □ 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):

________________________   ___________________________   ________________________

________________________   ___________________________   ________________________

________________________   ___________________________   ________________________

________________________   ___________________________   ________________________
### Atmospheric Testing (cont'd)

<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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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: _____________________