**Code of Practice Work Sheet**

Appendix 2

Date:

Company Name: Work Site: Confined Space Location: Confined Space Identification Number:

Code of Practice Prepared By:

Name: Telephone Number:

**Description of the Confined Space:**

**Task to be Completed in the Confined Space:**

**Description of Hazards:**

Atmospheric:

Safety:

Work Procedures:

Human Factors:

|  |
| --- |
| **Worker Training Requirements**  How many workers are required to complete the work:  Describe worker training requirements/ courses: |
| **Entry Permit**  Attach sample form. |
| **Work Procedures** |
| 1. Testing the atmosphere  Test for: Equipment: Equipment calibration: Test frequency:  Before entry During entry After entry  Other : |
| 2. Entry into the confined space  Who is authorized to enter? |

|  |  |  |
| --- | --- | --- |
|  | Entry/exit procedure: |  |
| 3. Description of work to be done in confined space: |
| 4. List of required tools and equipment: |
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5. Required personal protective equipment:

|  |  |  |
| --- | --- | --- |
| Respiratory Protective Equipment  Protective Clothing Footwear Headwear  Protective Eyewear |          | Type Type Type Type  Type |
| Gloves |  | Type |
| Other  If other describe: |  |  |

6. Traffic hazards

Yes No

Are there any traffic hazards related to this confined space entry?  

If yes, describe controls:

**Ventilation, Purging, Inerting, Isolation**

Yes No

Ventilation  

If yes, describe procedures to be used:

Yes No

Purging  

If yes, describe procedures to be used:

Yes No

Inerting  

If yes, describe procedures to be used:

Yes No

Isolation  

If yes, describe procedures to be used:

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**Tending Worker**

Yes No

Is a tending worker required to be physically present?  

If no, who has the responsibility to be in communication with the workers in the confined space?

What are the duties of the tending worker(s)?

What actions do the tending worker(s) take in an emergency?

Describe communication procedures:

**Emergency Response Procedures:**

Emergency Contact Numbers:

Describe emergency procedures:

List of rescue equipment (include personal protective equipment for rescue workers):

Required training and recordkeeping procedures:

**Recordkeeping:**

Code of Practice reviewed by: Code of Practice update frequency:

When is the confined space entry done?

Frequency:

Describe incidents that have occurred in connection with this confined space entry:

Has emergency rescue been required during an entry?

Actions taken to prevent future incidents:

Other comments: