**Using this Template**

The following template can be used to help your organization develop a Confined Space Program. This template **cannot** be used as is – you must customize the template to meet the needs of your organization. We have made this template easier for you to customize by adding visual prompts that identify some areas where your input is needed. These are identified by yellow highlighted, red text in the template. You may also change any of the text in the template to meet your organization’s needs – for example, department names, job titles and listed responsibilities and procedures.

*Example:*

<Company Name>

Confined Space Program

becomes

XYZ Company

Confined Space Program

To remove the colored highlighting from your text, left click and drag your mouse over the yellow text and click on the highlighter button from the Font menu. To change the font color to black, select the text and click on the font color button.



To aid you in understanding the need to customize your program, several “Check Your Understanding” text boxes are also included throughout the template. After reading the information in the text box and adding the required information into the template, you may simply right click on the cross arrow box and select “cut.”

***Disclaimer.*** *This sample safety program template cannot be used as is. You must customize the template to meet the needs of your organization. EMC does not guarantee that this template is or can be relied on for compliance with any law or regulation, assurance against preventable losses, or freedom from legal liability. We make no representations or warranties of any kind whatsoever, either express or implied, in connection with the use of this template. EMC will not be liable for your use of the template as customized by you. All safety programs and policies, including this template and the information you supply to complete it, should be reviewed by your legal counsel, medical professionals and/or risk management staff.*

**<Company Name>**

**Confined Space Program**

***Check Your Understanding.*** Does your organization need a confined space program? The answer is yes if you have any locations or work spaces that meet all of the following conditions:

* A restricted opening that makes entry and exit by a person difficult
* Large enough for a person to enter completely
* Not designed to be occupied continuously

Consider the following example. Your employee needs to change the light bulbs in the utility tunnel where all of the data cabling, piping for heating and cooling systems and miscellaneous storage items are located. The light bulbs are needed to light the way for other maintenance needs that must take place in this same tunnel. The only access door is in the floor and is just big enough for the employee to place a ladder within to gain access into the tunnel. Once the employee enters the tunnel, he or she must crawl on hands and knees to access the lighting fixtures where the bulbs need to be replaced.

In this example, the employee is exposed to a work space that is difficult to access and has potentially hazardous atmospheres and conditions. If your employees are conducting work in a space similar to the preceding example (restricted means for entry and exit, can be entered completely, not designed for continuous occupancy), you probably need a confined space program which should conform to the Occupational Safety and Health Administration (OSHA) standard [CFR 1910.146](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9797) and American National Standards Institute/American Society of Safety Engineers (ANSI/ASSE) standard Z117.1-2009.

**Revision History**

<Revision 1 –December 2014>

**Purpose**

The purpose of the Confined Space Program is to increase the safety of <Company Name> employees and onsite contractor(s) by establishing appropriate procedures for identifying, classifying and managing confined spaces in <Company Name> operations and facilities.

**Scope**

The objective of this program is to protect personnel from injury upon entry into a confined space. Work will not begin in a confined space until the potential hazards have been identified, eliminated or minimized, and a proper classification of the space has been made. Employees will not enter a confined space until the requirements of this written program, have been implemented.

All employees are required to follow the procedures outlined in this program. Any deviations from this program must be immediately brought to the attention of the Program Administrator. This program will apply to all <Company Name> employees and onsite contractor(s) during maintenance, repair, cleaning, construction or other activities that take place in the confined space(s).

**Program Responsibilities**

**Management.** <Company Name> is committed to the safety of employees as it pertains to working in or near confined spaces, and management supports the efforts of the Confined Space Program Administrator by pledging financial and leadership support for the identification and control of confined space risk factors. Management is responsible for:

* Consulting with affected employees on the development and implementation of all aspects of the confined space program
* Providing affected employees all information contained within the confined space program

***Check Your Understanding.*** A “qualified person" is an individual who, by possession of a recognized degree, certificate or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated his/her ability to solve or resolve problems relating to the subject matter, the work or the project.

Based on the evaluation of the hazards identified in a confined space, a qualified person will classify the confined space as either a **permit-required confined space** or **non-permit confined space**. All confined spaces will be treated as permit-required until determined to be otherwise. See **Appendix A** for flowchart to help identify confined spaces.

A *non-permit confined space* is defined as a confined space that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm.

A *permit-required confined space* is defined as a confined space that has one or more of the following characteristics:

* Contains or has a potential to contain a hazardous atmosphere
* Contains a material that has the potential for engulfing an Entrant
* Has an internal configuration such that an Entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section
* Contains any other recognized serious safety or health hazard

**Program Administrator/Qualified Person.** The program administrator/qualified person is responsible for the following:

* Conducting an initial survey of both the premises and operations to identify confined spaces
* Establishing a process to identify the addition or deletion of confined spaces
* Maintaining a current inventory of confined spaces
* Evaluating each confined space to classify the spaces as permit-required or non-permit required
* Informing exposed employees of the existence, location and danger posed by the permit-required confined space by posting danger signs, including information in new employee training and posting a list of confined spaces <on the safety portion of the company intranet>
* Conducting confined space air monitoring are maintaining related records
* Reviewing cancelled entry permits for opportunities for continuous improvement
* Preventing <Company Name> employees and onsite contractors from entering permit-required confined spaces that are not approved for entry
* Maintaining the rescue plan for all confined spaces
* Arranging for rescue team simulations in all permit required spaces annually
* Reviewing the Confined Space Program at least annually, or more often if needed, to determine if changes are needed due to added processes, equipment or recently introduced hazards
* Conducting, documenting and assessing the effectiveness of employee training

***Check Your Understanding.*** Three different employee classifications are outlined under the OSHA [confined space standard](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9797). Depending on your situation, you may or may not need the following employee classifications.

* **Entry Supervisor.** A person (such as the employer, foreman or crew chief) who is responsible for determining if acceptable entry conditions are present at a permit space where entry is planned. Additional responsibilities include overseeing and terminating all entry operations as required. Note: Entry Supervisors may also serve as an Attendant or as an authorized Entrant as long as the employee is trained and equipped within the requirements. Duties of an Entry Supervisor may be passed from one individual to another during the course of an entry operation.
* **Attendant.** A person who is stationed outside one or more permit space. Attendant monitors the authorized Entrants and performs all other required duties assigned in the employer's confined space program.
* **Authorized Entrant.** A person who is authorized by the employer to enter a permit-required confined space.

**Entry Supervisor/Leader.** Entry Supervisors/Leaders are responsible for the following:

* Conducting an initial external visual inspection of the confined space entry point when possible
* Knowing the requirements of the Confined Space Program, including how to properly implement the duties of the Entrants, Attendants and Rescue Personnel
* Completing entry permits
* Determining entrance requirements
* Posting the permit in a conspicuous location near the entry point
* Determining the number of Attendants required for safe completion of the work
* Verifying that rescue services are available prior to and throughout the entry and that the means for summoning them are operable
* Verifying that all required preliminary actions have been taken prior to endorsing the permit and authorizing entry to begin
* Ensuring no additional responsibilities are given to the Attendant other than observing the Entrant(s) and their duties
* Ensuring that acceptable conditions are maintained for the duration of the entry
* Communicating the status and requirements of the entry to other Entry Supervisors/Leaders whenever the Entry Supervisor/Leader role is changed
* Terminating entry, assuring removal of personnel and equipment and revoking or canceling the permit when required

**Entry Team - Attendant.** Attendants are responsible for the following:

***Check Your Understanding.*** The number of Attendants should be determined by considering the labor necessary to carry out the assigned duties. If several entry points are within a few feet of each other, one Attendant may be able to monitor more than one. Multiple entrances may be monitored using remote technology such as multiple radios and/or video monitors. If your organization chooses to have one Attendant monitor multiple spaces, you will be required per OSHA standard 1910.146(d)(7) 5 to include in your confined spaces program the means and procedures that will enable the sole Attendant to respond to an emergency affecting one or more of the permit spaces being monitored without distraction from the Attendant’s responsibilities under OSHA standards 1910.146(i).

* Being stationed outside the point of entry/exit of the confined space to observe the permit-required confined space
* Remaining at the entry point and maintaining two-way communication with the Entrant(s) during entry until relieved by another Attendant, or until the entry is completed or terminated by the Entry Supervisor or Leader
* Maintaining a sign-in/sign-out log of all individuals entering the confined space
* Providing standby assistance to Entrants entering the confined space
* Directing Entrants to exit the confined space when any irregularities are observed
* Initiating evacuation and emergency procedures
* Monitoring for any conditions or changes that could adversely affect the entry
* Preventing unauthorized entry

**Entry Team - Entrant.** Entrants are responsible for the following:

* Reading and obeying entry permit requirements
* Maintaining two-way communication with the Attendant
* Recognizing potential hazards that may be encountered during the entry
* Understanding the proper use and limitations of equipment for controlling these hazards
* Inspecting for hazards not identified by atmospheric monitoring during entry activities
* Responding to emergencies, including implementing methods for self-rescue or evacuation
* Recognizing symptoms and warning signs of exposure to potential hazards or prohibited conditions
* Notifying the Attendant of any symptoms of exposure, emergency or unacceptable condition in the confined space
* Exiting the confined space immediately if symptoms, warning signs or unacceptable conditions occur or if directed by the Attendant or Entry Supervisor/Leader
* Inspecting for hazards during entry activities

***Check Your Understanding. Important!*** Rescue team personnel should be trained as per the requirements of **NFPA 1670** ([Standard on Operations and Training for Technical Recue Incidents](http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=1670)), **NFPA 1006** ([Standard for Rescuer Professional Qualifications](http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=1006)), **NFPA 1983** ([Standard on Life Safety Rope and Equipment for Emergency Services](http://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=1983)) and **First Responder** ([National Standards Curriculum](http://www.nhtsa.gov/About+NHTSA/Traffic+Techs/current/First+Responder+National+Standard+Curriculum+Revised)) status to be compliant with OSHA standards.

It is extremely difficult to maintain an adequately trained rescue team within an organization, and businesses often rely on the local fire department for rescue service. However, many local fire department personnel are not adequately trained for confined space rescue either. Special efforts or arrangements will be required to meet this element of a confined space program, even when using local fire department services. If your plan is to use local fire department personnel as rescue responders, your plan should reflect that fact and all special efforts to make those responders qualified as per OSHA.

If you choose to maintain your own rescue team, include the following information in this section.

**Rescue Personnel.** Rescue Personnel are responsible for the following:

* Maintaining proficiency for each type of confined space rescue they will encounter
* Maintaining proficiency in the use of emergency rescue equipment
* Attending and passing First Responder training
* Maintaining first aid, CPR and AED certification
* Providing documentation of training certifications to the Program Administrator
* Performing rescue for permit-required confined space Entrants that become trapped or otherwise incapacitated while in the space
* Providing the Program Administrator a written report of all confined space rescue attempts and results

**Identification of Hazards and Evaluation of Confined Spaces**

**Survey.** The Program Administrator will conduct a survey of the property and all other worksites <Company Name> employees are working at and identify confined spaces. The surveys will be completed from site observations, building blueprints and job hazard analyses, and will include air monitoring to determine the air quality in the confined spaces and identification of hazards.

**Inventory.** An inventory of the locations or equipment that meets the definition of a confined space is located in **Appendix C** of this program. The potential for engulfment, entrapment, hazardous energy, atmospheres with flammable or explosive potential, oxygen deficiency, and/or the presence of toxic and corrosive material and all other hazards will be documented. This information will also be communicated to all personnel, and appropriate confined space procedures will be developed and followed prior to entry. The Program Administrator will determine, based on the identified hazards, which confined spaces will be entered and require a permit prior to entry and which confined spaces will not be entered. Both determinations will be documented on the inventory.

**Hazard Reevaluation.** The Program Administrator will identify and reevaluate hazards at least annually, or sooner based on changes in activities or other physical or environmental conditions that could adversely affect work. Any change in designation of a confined space will be routed to all affected personnel by the Program Administrator.

**Hazard Controls.** When personnel will be required to enter confined spaces, <Company Name> will utilize hierarchy of hazard control techniques to first eliminate and then, if they cannot be eliminated, reduce hazards of confined spaces. The following order of precedence will be followed when eliminating or reducing confined space hazards:

* Engineering Controls: These are controls that eliminate or reduce the hazard through implementation of approved engineering practices.
* Administrative Controls: These are controls which eliminate or reduce the hazard through changes in work practices including, but not limited to, rotating workers, reducing the amount of worker exposure and housekeeping.
* Personal Protective Equipment (PPE): If the hazard cannot be eliminated or reduced to a safe level through engineering and/or administrative controls, PPE will be used. The Program Administrator will determine the appropriate PPE needed by all personnel entering the confined space, including rescue teams.

All confined spaces with identified hazards will have a written plan for mitigation of those hazards. The mitigation strategies will be documented on the Permit-Required Confined Space Hazard Mitigationform located in **Appendix H**. The following list outlines hazard categories and example mitigation strategies:

* Atmospheric Hazards: Purging, inerting, flushing or ventilating
* External Hazards: Barricading from pedestrian and vehicle traffic
* Internal Hazards: PPE, communication, lighting, barriers, shields, ladders, rescue equipment

**Permit-Required Confined Space Labeling and Security**

Each permit-required confined space shall have one of the following signs on or near the entrance(s) that identifies the space as a permit-required confined space. The specific signage will be determined by the Program Administrator based on the identified hazards that exist within the confined space. Signs will be maintained in a legible condition.

[](http://www.emcins.com/ICEFiles/images/LossControl/SafetySigns/PDFs/DS0105.pdf)[](http://www.emcins.com/ICEFiles/images/LossControl/SafetySigns/PDFs/WS0001.pdf)[](http://www.emcins.com/ICEFiles/images/LossControl/SafetySigns/PDFs/CS0322.pdf)

All permit-required confined spaces will be secured from entry with an appropriate locking device supplied by the Program Administrator, or with mechanical fasteners authorized by the Program Administrator, which limit casual entry.

**Reclassifying Permit-required Spaces**

The Program Administrator is the only company representative authorized to reclassify a permit-required confined space to a non-permit confined space. Spaces may only qualify for reclassification if they do not contain, or could not potentially contain, atmospheric hazards (as per the inventory and by testing on the day of the reclassification attempt).

To reclassify a space, the Program Administrator must determine and document that all non-atmospheric hazards are eliminated without entry into the space. All reclassifications will be documented on the form located in **Appendix G**. All fields within the form shall be completed and a copy of the completed form will be supplied to all employees entering or to their authorized representative.

If a previously identified and eliminated hazard or a new hazard becomes apparent or active in a reclassified space, all employees shall immediately exit the space and the space will revert to a permit-required confined space.

**Entry Permits**

A permit-required confined space entry permit process will be used to guide Entry Supervisors, Attendants and Entrants through a systematic evaluation of the permit-required confined space to be entered, and to establish appropriate entry conditions. Before each entry into a permit-required confined space, an entry permit will be completed by the Entry Supervisor. The Entry Supervisor will then communicate the contents of the permit to all employees involved in the operation, and post the permit conspicuously near the work location. A standard entry permit, located in **Appendix E,** will be used for all entries.

**Permit Scope and Duration**. A permit is only valid for one shift. For a permit to be renewed, the following conditions must be met before each reentry into the confined space:

* Atmospheric testing will be conducted and the results will be within acceptable limits. If atmospheric test results are not within acceptable limits, effective mitigation precautions to protect Entrants against the atmospheric hazards will be addressed on the permit, be operational and will mitigate the hazard to a level safe for entrance.
* The Program Administrator will verify that all mitigation precautions and other measures called for on the permit are still in effect and providing protection for the Entrants.
* Only operations or work *originally* approved on the *original* permit will be conducted in the confined space.

A new permit will be issued, or the original permit will be reissued if possible, whenever changing work conditions or work activities introduce new hazards into the confined space.

The Program Administrator will retain each canceled entry permit for at least two years to facilitate the review of the Confined Space Entry Program. Any problems encountered during an entry operation will be noted on the respective permit(s) so that appropriate revisions to the Program can be made.

**Entry Procedures**

**Pre-Entry Hazard Assessment.** A hazard assessment will be completed by the Program Administrator prior to any entry into a confined space. The hazard assessment should identify:

* The sequence of work to be performed in the confined space
* The specific hazards known or anticipated
* The control measures to be implemented to eliminate or reduce each of the hazards to an acceptable level

No entry will be permitted until the hazard assessment has been reviewed and discussed by all persons engaged in the activity. Personnel who are to enter the permit-required confined space will be informed of known or potential hazards associated with it.

When entry into a confined space is necessary, either the Entry Supervisor or Program Administratormay initiate entry procedures, including—when necessary—the completion of a permit-required confined space entry permit. Entry into a confined space will follow the standard entry procedure below.

**Permit-Required Standard Entry.** The confined space entry permit will be completed in its entirety before any entry. Entry will be allowed only when all requirements of the permit are met and the permit has been reviewed and signed by the Entry Supervisor. The following conditions must be met prior to a standard entry:

* Affected personnel will be proficient in the duties that will be performed within the confined space.
* The internal atmosphere within the confined space will be tested by the Program Administrator with a calibrated, direct-reading instrument.
* Personnel will be provided with necessary PPE as determined by the Entry Supervisor.
* Atmospheric monitoring will take place during the entry. If a hazardous atmosphere is detected during entry:
  + Personnel within the confined space will be evacuated by the Attendant(s) or Entry Supervisor until the space can be evaluated by the Program Administrator to determine how the hazardous atmosphere developed.
  + Controls will be put in place to protect employees before reentry.
* Confined space hazards will be isolated from the space. Isolation is the protection against the release of active or stored energy and/or material into the space. Isolation will be achieved by the appropriate means as determined by the Program Administrator. Options will include:
  + Blanking or blinding
  + Misaligning or removing sections of lines, pipes or ducts
  + A double block and bleed system
  + Lockout or tagout of all sources of energy
  + Blocking or disconnecting all mechanical linkages

If isolation of the space is infeasible pre-entry, testing will be performed to the extent feasible before entry is authorized. If entry is authorized, entry conditions will be continuously monitored in the areas where authorized Entrants are working.

**Opening a Confined Space.** Any conditions making it unsafe to remove an entrance cover will be eliminated before the cover is removed. When entrance covers are removed, the opening will be promptly guarded by a railing, temporary cover or other temporary barrier that will prevent anyone from falling through or entering the opening. This barrier or cover will also protect each employee working in the space from foreign objects entering the space. If the opening is in an area with street or pedestrian traffic, barriers capable of diverting or deflecting such traffic will be erected.

<Company Name> will implement necessary measures to prevent unauthorized entry into open confined spaces and will immediately take the following actions when unauthorized persons approach or enter a permit-required space while entry is underway:

1. Warn the unauthorized persons that they must stay away from the permit space
2. Advise the unauthorized persons that they must exit immediately if they have entered the permit space
3. Inform the authorized Entrant(s) and the Entry Supervisor(s) if unauthorized persons have entered the permit space

**Atmospheric Testing.** Before entry into a permit-required confined space, the Program Administrator will conduct testing for hazardous atmospheres. Atmospheric test data is required and will be done initially, with all existing ventilation systems shut down. Atmospheric testing is required for two distinct purposes:

1. Evaluation of the hazards of the space
2. Verification that acceptable conditions exist for entry into that space

The internal atmosphere will be tested with a calibrated, direct-reading instrument for oxygen, flammable gases and vapors, and potential toxic air contaminants—in that order. The monitor will be verified by a “bump” test prior to use. If a person must go into the space to obtain the needed data, then standard confined space entry procedures will be followed.

Only testing equipment approved by the Program Administrator will be used for confined space atmospheric testing. All testing equipment used at <Company Name> will be approved by Underwriters Laboratories for use in hazardous atmospheres. All testing instruments will be calibrated <monthly>. All testing equipment will be sent to the manufacture for recertification <annually>. The Program Administrator will maintain an instrument maintenance and recertification record.

Each authorized Entrant or employee’s authorized representative will be provided with the results of all testing conducted upon request to the Program Administrator. Each authorized Entrant(s) or employee authorized representative will be provided with the opportunity to observe any monitoring or testing of confined spaces. Requests for reevaluation, based on an Entrant(s) or an Entrant’s representative having reason to believe that the evaluation of that confined space may not have been adequate will be made to the Program Administrator. Reevaluations will be performed as soon as practical and any authorized Entrant(s) or employee’s authorized representative will be given the opportunity to witness the testing.

***Evaluation Testing.***Initial results of testing for atmospheric hazards will be evaluated and interpreted by Program Administrator. In the absence of the Program Administrator, atmospheric testing will be evaluated and interpreted by <name and contact number for consulting company>. Atmospheric testing evaluation and interpretation must be received prior to filling out the confined space entry permit or any entrance into a permit-required confined space.

***Check Your Understanding.*** Atmospheric testing evaluation and interpretation should only be made by trained, certified and qualified individuals. Qualified individuals may include Certified Industrial Hygienists, Registered Safety Engineers or Certified Safety Professionals.

***Verification Testing.*** All confined spaces that have been identified as having, or possibly having, a hazardous atmosphere will be tested for residues of all identified or suspected contaminants. The evaluation testing will be conducted at the time of entry to determine if the hazards are within acceptable limits. Results of testing will be recorded by the Program Administrator. In the absence of the Program Administrator, atmospheric testing will be conducted by <name and contact number for consulting company>. During the time the permit-required confined space is occupied, the atmosphere will be periodically retested (frequency to be determined by Program Administrator based on the known hazard) to verify that atmospheric conditions remain within acceptable entry parameters.

***Acceptable Limits.*** The atmosphere of a confined space will be considered to be within acceptable limits when the following conditions are met and maintained:

* Oxygen: 19.5 percent to 23.5 percent
* Flammability: below 10 percent of the Lower Flammable Limit (LFL) for gases, vapors, mists or combustible dusts
* Toxicity: below the permissible exposure limit (PEL)/threshold limit value (TLV) or time-weighted average (TWA) of a substance

***Forced Air Ventilation.*** When conditions accommodate continuous forced air ventilation as a remedy for atmospheric conditions, the following precautions will be followed:

* Employees will not enter the space until the forced air ventilation has eliminated any hazardous atmosphere
* Forced air ventilation will be directed so as to ventilate the immediate areas where an employee is or will be present within the space
* Continuous ventilation will be maintained until all employees have left the space
* Air supply or forced air ventilation will originate from a clean source

**If the confined space does not have acceptable entry conditions, entry IS NOT permitted.**

***Check Your Understanding.*** Continuous forced air ventilation is one of the most common engineering controls used in confined spaces. Ventilation can be used to remove atmospheric contaminants from a confined space by removing the bad air and supplying good air. This process can be used until the atmosphere is within acceptable ranges. Ventilation should be continued during the occupancy if there is a potential for atmospheric conditions to move out of the acceptable range. When ventilation is not possible or feasible, alternate protective measures or methods should be determined by a qualified person prior to authorizing entry.

**Isolation and Lockout/Tagout Safeguards**

All energy sources that are potentially hazardous to confined space Entrants will be secured, relieved, disconnected, and/or restrained before personnel are permitted to enter the confined space. Equipment systems or processes will be locked out and/or tagged out as required by the <Company Name> Lockout/Tagout Program prior to permitting entry into the confined space. In confined spaces where complete energy isolation is not possible, the Program Administrator will evaluate the situation and make provisions to allow as much isolation as practical. Special precautions will be taken when entering double-walled, jacketed or internally-insulated confined spaces that may discharge hazardous material through the vessel’s internal wall.

When there is a need to test, position or activate equipment by temporarily removing the lockout protections, all Entrants will be removed from the space prior to removal of the safety devices and activation of the systems. Any removal of locks, tags or other protective measures will be done in accordance with the <Company Name> Lockout/Tagout Program.

**Extraction/Retrieval Protocol**

Each confined space will be evaluated by the Program Administrator to determine an extraction/retrieval protocol. This extraction/retrieval protocol will be documented on the form located in **Appendix I**. The written extraction/retrieval protocol will be kept onsite at the confined space location, and all affected personnel will be trained on the emergency response plan.

**Emergency Response, Evacuation and Rescue**

All individuals entering a permit-required confined space will wear a full-body harness, and the harness will be attached at all times to an appropriate extraction tool allowing the individuals to be retrieved from the confined space at any time without requiring other individuals to enter the confined space. No individual will enter a confined space where an extraction/retrieval protocol has not been established, or when the extraction equipment is not available and used.

If it is determined that extraction/retrieval systems will increase the overall risk of entry or the equipment would not contribute to the rescue of the Entrant, <Company Name> employees will not enter the confined space. Full-body harnesses will have a retrieval line attached at the center of the back near shoulder level or above the head. If harnesses are not feasible or would create a greater hazard, <Company Name> employees will not enter the confined space. The retrieval line will be firmly fastened outside the space so that rescue can begin as soon as personnel are aware that retrieval is necessary. A mechanical device will be available to retrieve personnel from vertical confined spaces more than five feet deep.

***Check Your Understanding.*** If your organization has chosen to maintain its own rescue personnel, include relevant information about their communication, PPE and equipment in this section. Example text is shown below:

Communication devices such as radios, cell phones or pagers will be used to deliver audible and visual alarms to summon rescuers.

All Rescue Personnel will use NIOSH-approved pressure demand self-contained breathing apparatus (SCBA) or NIOSH-approved pressure demand combination type C airline/SCBA breathing equipment when potential atmospheric hazards exist.

All rescue equipment will be inspected by the Program Administrator quarterly and prior to use to ensure that it is operable.

**Employee Training**

***Check Your Understanding.*** Employee training is an extremely critical component of a confined space program. EMC provides several [confined space resources](http://www.emcins.com/losscontrol/topics/Confined_Space.aspx) that are available for use in your training program.

Remember to document all training and retraining courses with at least the following information: employee name, trainer name, content of training and date of training. Keep all training records on file indefinitely.

<Company Name> will develop, maintain and provide training to each affected employee whose work is regulated by the Confined Space Program. The training will provide the understanding, knowledge and skills necessary to safely perform required work in confined spaces. Training will be conducted:

* Before the employee is first assigned duties involving confined spaces
* Before there is a change in an affected employee’s assigned duties
* When there is a change in a permit-required confined space operation that presents new hazards not previously covered in training
* When <Company Name> has reason to believe that there are deviations from the permit-required confined space entry procedures, or that there are inadequacies in the employee's knowledge or use of these procedures

**General Training Requirements.** All affected employees will receive training on the following general information:

* Specific hazards associated with the confined space to be entered
* Personal protective equipment selected for the hazard(s), including proper use, inspection, care and maintenance, limitations and other applicable safety instructions
* The permit system and other procedural requirements for conducting a confined space entry
* Responding to emergencies
* Duties and responsibilities of confined space entry team members
* How to recognize probable air contaminant overexposure symptoms in themselves as well as co-workers, and methods for alerting assigned Attendants

**Training for Attendants.** In addition to the general training requirements above, Attendants will also be trained on the following:

* Duties, responsibilities and procedures for both routine and emergency operations
* Hazards that may be encountered by Entrants and the signs and symptoms of overexposure
* Procedures for summoning rescue or other emergency services
* Proper use of the equipment used for communicating with Entry and Rescue Personnel
* Performance of non-entry retrievals

**Verification of Training.** Periodic assessment of the effectiveness of employee training will be conducted by the Program Administrator. Refresher training will be conducted as needed to maintain employee competence in entry procedures and precautions**.** Training records will be documented on the Employee Training Record form provided in **Appendix F*.*** Written training records will be retained by the Program Administrator and be periodically reviewed to ensure proper follow-up for refresher training.

***Check Your Understanding.*** If your organization has chosen to maintain its own rescue personnel, include information about their training in this section. Example text is shown below:

## Training for Emergency Response Personnel. In addition to the general training requirements above, Emergency Response Personnel will also be trained on the following:

* Rescue plans and procedures developed for each type of confined space the entry team may encounter
* The use of emergency rescue equipment
* First responder/emergency response certification or equivalent with confined space-specific training

**Outside Contractors**

Whenever outside personnel are contracted to perform work that involves confined space entry, <Company Name> will inform the contractors about any relevant confined spaces, including:

* The classification of the space (permit-required or non-permit)
* The hazards and operations within or near the space
* <Company Name’s> experiences with the space
* Any precautions or procedures that were implemented for the protection of employees in or near the confined space

<Company Name> will evaluate potential contractors to ensure they have the appropriate qualifications for the full scope of work to be performed, including a confined space safety program. Contractors will ensure a permit-required confined space program is being followed.

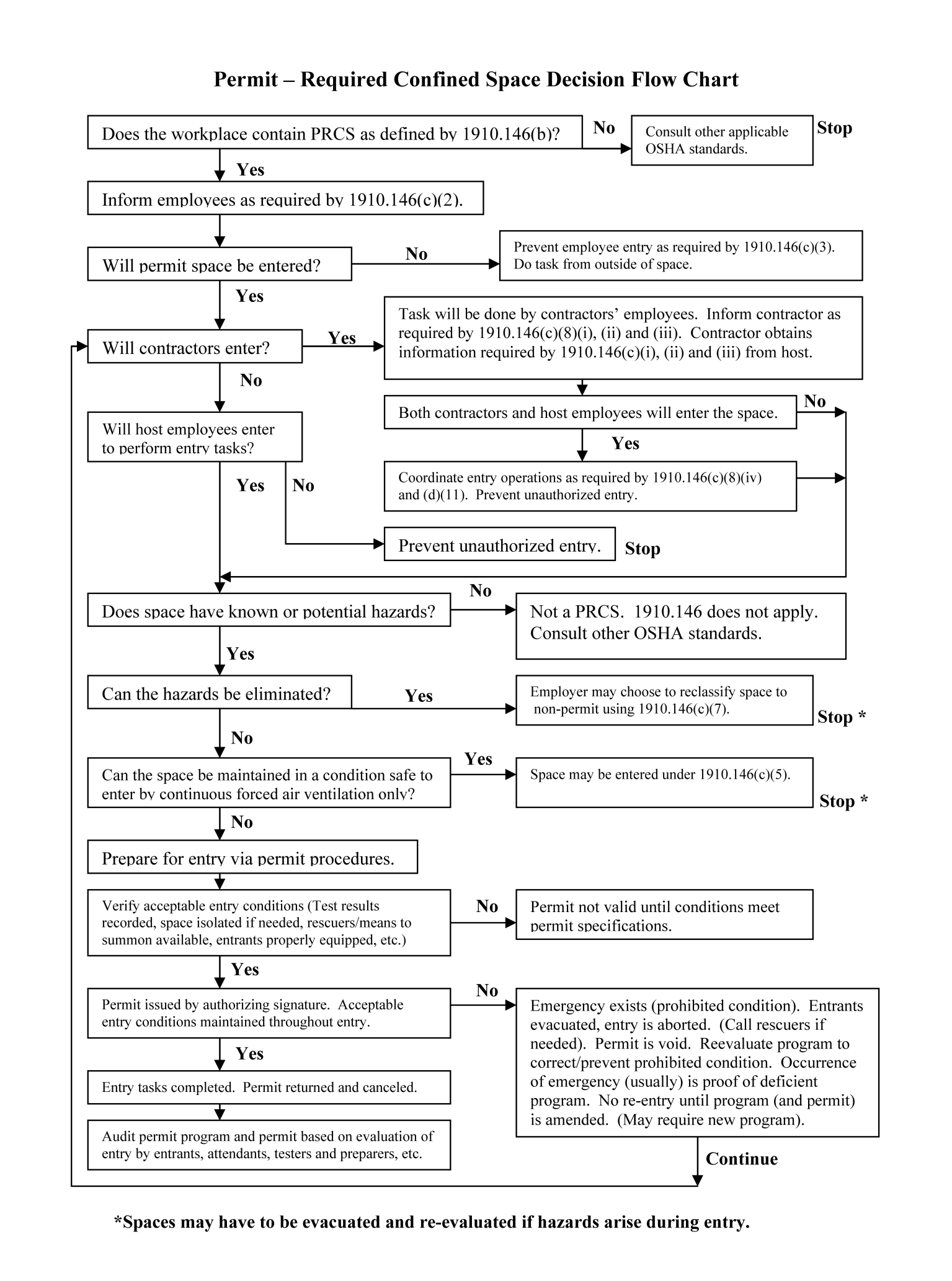
The contractor will establish who will serve as the rescue responder, in conjunction with the Program Administrator, in an emergency and what system will be used to notify the responder that an emergency exists. When both <Company Name> and contractor personnel will be working in or near a permit-required confined space, the two parties will coordinate their activities to ensure all entry roles are complementary with <Company Name> as the lead.

The contractor must inform <Company Name> immediately of any hazards encountered or created during the course of entry. At the conclusion of all entry operations, a debriefing will be held with the Program Administrator to discuss any additional hazards or problems encountered and corrective measures to be taken prior to future entry.

**Periodic Program Review**

The confined space program and procedures will be reviewed annually.

**Appendix A – Permit-Required Confined Space Decision Flow Chart**

****

**Source: Occupational Safety and Health Administration**

**Appendix B – Identification of Test Instruments**

|  |  |  |  |
| --- | --- | --- | --- |
| **MFG. NAME** |  |  |  |
| **TYPE** |  |  |  |
| **IDENTIFICATION NO.** |  |  |  |

Name of tester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Special Requirements** | **Yes** | **No** | **Comment** |
| Lockout/Tagout Equipment |  |  |  |
| Supply Lines – Capped/Blanked |  |  |  |
| Purging – Flush and Vent |  |  |  |
| Ventilation |  |  |  |
| Secure Area |  |  |  |
| Breathing Apparatus |  |  |  |
| Resuscitator |  |  |  |
| Hot Work Permit |  |  |  |
| Electronic Communication Devices |  |  |  |
| Equipment for Maintaining Contact |  |  |  |
| Lifelines |  |  |  |
| Escape Harness |  |  |  |
| Tripod Emergency Escape Unit |  |  |  |
| Fire Extinguishers |  |  |  |
| Lighting |  |  |  |
| Alarm System |  |  |  |
| Respirator |  |  |  |
| Personal Protective Equipment (Identify) |  |  |  |
|  |  |  |  |

**Appendix C – Inventory and Hazard Assessment of Confined Spaces**

**Completed by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Confined Space Name | Location | Hazardous Atmosphere | Engulfment Hazard | Entrapment Hazard | Hazardous Energies | Other Hazards (Specify) | Permit Required | Entry Not Allowed |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Appendix D – Results of Pre-Entry Air Testing**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Confined Space** | | **Location** | | |
|  |  | | | |
| **Date** | **Percent Oxygen** | **Percent LEL** | **PPM Carbon Monoxide** | **PPM Hydrogen Sulfide** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Appendix E – Confined Space Entry Permit**

**Confined Space Permit**

Confined space name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of confined space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confined space location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Purpose of entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all authorized entrants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Means of identifying entrants inside the space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of attendant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hazards within the space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hazard control techniques: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Atmospheric test results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communications procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPE provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional permits issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rescue Service contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acceptable Entry Conditions? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO**

Name of entry supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix F – Employee Training Sign-In Sheet**

The following individuals have received training on <Company Name’s> Confined Space Program.

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Sign Name** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Print Instructor’s Name |  |
| Instructor’s Signature |  |
| Instructor’s Title |  |
| Date of Training |  |

**Appendix G – Confined Space Reclassification**

**Confined Space Reclassification Certification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that permit-required confined space

(print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is free of

(confined space name) (physical location)

all non-atmospheric hazards and has never, and does not currently contain, atmospheric hazards based on testing conducted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

(testing date)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix H – Permit-Required Confined Space Hazard Mitigation**

**Permit-Required Confined Space**

**Hazard Mitigation**

|  |  |  |
| --- | --- | --- |
| **Confined Space Name** | | |
| **Location** | | **Date** |
|  | |  |
| **Identified Hazard(s)** | **Mitigation Plan(s)** | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix I – Permit-Required Confined Space Extraction Protocol**

**Permit-Required Confined Space**

**Extraction Protocol**

|  |  |  |
| --- | --- | --- |
| **Confined Space Name** | | |
| **Physical Location** | | **Date** |
| **Extraction Supplies Needed** | **Extraction Plan(s)** | |
|  |  | |
|  |
|  |
|  |
|  |
|  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**