

## Confined Space Access Request

**Submit 5 days in advance to CapU Liaison for approval**

Project Name:	Start Date:
CapU Liaison:	Office/Cell:
Company Name:	Office:
Site Supervisor:	Cell:

- This form shall be initiated by the Contractor or Sub contractor requesting confined space entry
- This form shall be sent to the CapU Liaison for review and verification
- Upon verification, the CapU Liaison will send notification to the Manager OHS & EP

**PLEASE CONTACT THE CAPU LIAISON FOR ADDITIONAL INFORMATION**

**Project Information**

Type of Service:	Date(s) Required:
Start Time:	End Time:
Scope of Work:	
Location/Description of Confined Space:	
Name of Entry Supervisor:	
Name of Entrant(s):	Name of Attendant(s):

The contractor requesting access must complete the assessment and procedures and submit to the CapU Liaison for review. Please refer to the BC Occupational Health and Safety regulations/guidelines Part 9

**Hazard Assessment:**

- A written document completed by a qualified individual, as indicated by the BC Occupational Health and Safety Regulation Part 9
- Must consider conditions which may exist prior to entry due to confined space's design, location or use, or which may develop during work activity inside the space such as the potential for oxygen enrichment and deficiency, flammable gas, vapor or mist, combustible dust, other hazardous atmospheres, harmful substance requiring lockout and isolation, engulfment and entrapment, and other hazardous conditions.

**Entry Procedures**

- A written document completed by a qualified individual, as indicated by the BC Occupational Health and Safety Regulation Part 9
- Must specify the means to eliminate or minimize all hazards indicated during the hazard assessment
- Include but not limited to:
  - Lockout and isolation procedures
  - Verification and testing
  - Cleaning, purging, venting or inerting
  - Standby persons
  - Rescue
  - Lifelines, harnesses and lifting equipment
  - Personal protective equipment

Contractor Signature & Date	CapU Liaison Signature & Date
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**Work Complete**

Contractor Signature & Date	CapU Liaison Signature & Date
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