



**CONFINED SPACE ASSESSMENT & PLANNING FORM
(ADDENDUM TO SAFE WORK PERMIT)**

CONFINED SPACE ENTRY					
Date of Assessment:			Date of Expiration:		
Location of Entry:					
DESCRIPTION of WORK:					
Work Activity		Hot / Cold Work		Company involved	
DESCRIPTION / PREPARATION of CONFINED SPACE:					
Normal Contents of Space:					
ACTIVITY	REQUIRED?	YES	NO	N/A	ADDITIONAL NOTES
Initial Area Prep	Depressured/drained				
	Steamed				
	Water flushed				
	Inert gas purged				
	Non-inert gas purged				
	Near sewers covered				
	Other				
Ventilation	Passive ventilation				
	Active ventilation				
	Local exhaust				
	Other				
Isolation	Blanking				
	Dbi Block and Bleed				
	Mechanical lock-out				
	Electrical lock-out				
	Line Removal				
	Other				
Brief Description of Confined Space: other hazards, cramped space, etc					
Sign Posting	DANGER Confined Space signage				
	Secure Area – tape or barricades.				

Hazard Definition and Mitigation:					
ACTIVITY	REQUIRED?	YES	NO	N/A	ADDITIONAL NOTES
Initial and Continuous Gas Testing	Oxygen Testing				Continuous atmospheric monitoring and completion of CSE Atmospheric Monitoring log to be managed by SAFETY ATTENDANT. In addition to the Safety Attendant, at least one Entrant inside the space at any given time must have a personal gas tester with them.
	LEL				
	Combustion Gas(CO)				
	CO ₂				
	Ammonia				
	Other				
Fire Prevention & Protection	Fire extinguisher				Fire extinguisher must be located no further away than at the point of Entry when Hot Work is required inside/in close proximity to the space.
	Combustibles, dust				
	Pyrophoric material				
	Other				
Access / Egress	Inhibited access				
	Inhibited egress				
	Tripod for top entry				
	Other				
PPE required for Entrants	Cartridge Respirator				
	SCBA				
	Supplied Air				
	Fall Protection				
	Disposable Coveralls				
	Rescue Harness				
	Lifeline				
	Other				
Tools	Intrinsically Safe				
	Air for pneumatics				
	Grounding				
	Fume/Vapour extract.				
	Other				
Additional Hazards created by work activity	Dust				
	Fumes, Vapours				
	Hot surface				
	Electrical (static incl.)				
	Vibration / Noise				
	Sparks (tools used)				
	Other				
Other hazards with Entry	Temperature Stress				
	Limited Lighting				
	Falling objects				
	Other				
Weather	Storm procedure				Review with Entrants / Attendant
Attendant	Radio Provided				
	Special PPE required				
External Assistance	Specialists required to review decision/plan				



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Communications:		YES	NO	N/A	Comments:
Entrant / Attendant	Line of Sight				
	Hand Signals				
	Radio				
	Voice				
Attendant / Rescuer	Radio – CH-1				
	Other				
Rescuer/ Control Rm.	Radio – CH-1				
	Other				

EMERGENCY PREPAREDNESS - General

Self Egress Emergency Plan A:

- Attendant determines that Entrant must exit the confined space immediately because of change of conditions either inside or outside of the space. Attendant immediately notifies Entrant(s) to egress.
- Entrant(s) self egress the confined space immediately. Attendant assists without entering the space.
- Attendant logs time and reason for self egress in the Attendant Log.

Self Egress Emergency Plan B:

- Entrant(s) determines the need to exit the confined space immediate because of a change of conditions either inside or outside the confined space. Entrant(s) notifies Attendant of need to egress.
- Attendant assists Entrant(s) expedite egress without entering the confined space.
- Attendant records time and reason for self egress on the Attendant Log.

See Safety / Rescue Contractor Rescue Plan for details of assisted Rescue from the confined space.

Note: Rescue Plan to be reviewed with all Entrants to the space and signed.

EMERGENCY PREPAREDNESS	YES	NO	N/A	COMMENT / NOTES
Self rescue communicated to permit receiver / entrants?				
Is the Suncor Shift Ops. Team available to assist during the work activity?				
PPE requirements clear for the rescuers and PPE is available?				
Do rescue procedures exist for this entry scenario?				
Entry drawing attached?				
Response route established and available to rescue team?				
Special Rescue needs required?				
General Preparedness Comments:				
Entrant(s) Training / Currency Requirements:				
SCEP Site Specific (orientation)	X			Respiratory / Fit Testing X
Confined Space Entry	X			SCBA / Supplied Air
Fall Arrest	X			Lockout / Tag-out familiarity X
Other (specify)				Other (specify)



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Rescue Considerations:

Access	Comments:	Access Shape	Comments:
<input type="radio"/> Top		<input type="radio"/> Round	
<input type="radio"/> Bottom		<input type="radio"/> Square	
<input type="radio"/> Side		<input type="radio"/> Other	

Portal Size and Comments:

Obstructions to Rescuers

<input type="radio"/> Piping		<input type="radio"/> Cramped Area	
<input type="radio"/> Trays		<input type="radio"/> Sloped Surfaces	
<input type="radio"/> Compartments		<input type="radio"/> Other	

Comments (brief description of obstruction)

ASSESSMENT / PLAN SIGNATURES

Planner / Coordinator

Name:	Contact Phone #:
Signature:	Date:

Maint. Manager or Designate

Name:	Contact Phone #:
Signature:	Date:



Confined Space Entry Daily / Shift Plan

Vessel(s) Equipment Number / Name: _____
 Contractors / Companies Involved: _____ Date: _____
 Safe Work Permit Number(s): _____

Work Description:

The following have been reviewed with the personnel involved in this CSE:

- Current Confined Space Assessment Form (Addendum to Safe Work Permit) for the space.
- CSE Rescue Plan specific to the Space referenced on the Confined Space Assessment Form.
- PPE requirements for all Entrants to the Confined Space.
- Will more than one employer be involved in the space at the same time? **(circle one)** YES / NO
- Coordination of work / hazards has been reviewed with inside workers. **(circle one)** YES / NO (if more than 1 employer is involved must have 2 YES responses)
- Gas tester bump test completed and tester confirmed to be within calibration date.
- Initial gas test recorded on the Safe Work Permit
- Verification of Safety/Rescue Lock applied.

Permit Issuer: _____

Date: _____

Any Additional Hazards Identified not captured in the Confined Space Assessment & Planning Form:

Signature of all Personnel Involved in Plan

Print Name Initial

Shift Supervisor: _____

Area Operator: _____

Board Operator: _____

Print Name Initial Company

Contractor Supervisor: _____

Contractor Supervisor: _____

Contractor Supervisor: _____

Attendant 1: _____

Attendant 2: _____

Entrants: _____

Other Workers: _____

Rescue Team: _____

This Section completed by the Safety/Rescue Contractor:

Auxiliary Safety/Rescue Equipment Inspection Completed: _____ (initial)

Attendant Competency verified: _____ (initial)

Safety / Rescue Staff: _____ (sign name)

Date: _____

Once Entry is completed all copies of this sheet associated with the Entry must be attached with the Assessment / Planning package/Permit/Rescue Plan and forwarded to EH&S



Confined Space Entry ATTENDANT LOG

Safe Work Permit #(s) _____

Sheet ____ of ____

Date:

Location of Work

Brief Description of Work:

Entrant Name		Entrant Name		Entrant Name		Entrant Name		Entrant Name	
Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Entrant Name		Entrant Name		Entrant Name		Entrant Name		Entrant Name	

1st Attendant Name / Signature:

2nd Attendant Name / Signature:

Notes:

IMPORTANT: ASSESSMENT, RESCUE PLAN ATTENDANT LOG AND C.S.E. ATMOSPHERIC MONITORING LOG MUST ACCOMPANY THE SIGNED WORK PERMIT AT ALL TIMES. THESE FORMS ARE TO BE RETURNED TO THE PERMIT ISSUER UPON COMPLETION OF THE WORK.

Once Entry is completed all copies of this sheet associated with the Entry must be attached with the Assessment / Planning package and forwarded to EH&S.

