

Confined Space Entry Daily / Shift Plan

Vessel(s) Equipment Number(s) Contractors / Companies Involved: Safe Work Permit Number(s):	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)	Signate Shift Supervisor: Area Operator: Board Operator: Contractor Supervisor: _ Contractor Supervisor: _ Contractor Supervisor: _ Attendant 1: Attendant 2:	Print Name Print Name	Involved in Plan Initial Initial Initial	Company
 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. 	Other Workers:			
Permit Issuer: Date: Any Additional Hazards Identified not captured in the Confined Space Assessment & Planning Form:	Rescue Team:			
	This Section completed by the Safety/Rescue Contractor: Auxiliary Safety/Rescue Equipment Inspection Completed: Attendant Competency verified: Safety / Rescue Staff: (signification)			(initial) (initial) name)

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