



**Énergie NB Power**  
Form 0418  
Rev/Rév: 2024-12

# Confined Space Entry Form (Only Valid for 1 Shift)

Confined Space Permit Holder Authorization (CSPH):

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## 1. Confined Space Information

Confined Space Name:	Confined Space ID:	Confined Space Permit #:
Work Activities:		

## 2. Pre-entry Testing

	No	Yes	Actions
Has confined space been untested for >12 hours?			No – Attendant to perform re-entry monitoring Yes – Pre-entry testing performed by Competent Tester and provided to CSPH

## 3. Confined Space Entry Requirements – All must be in place and any conditions met.

Requirement for Entry	Completed		Requirement for Entry	Completed	
	Yes	No		Yes	No
Confined Space Permit			Emergency Response Team/Equipment Available		
Confined Space Hazard Assessment			Attendant Present at each Entry Point used		
Job Hazard Analysis (JHA)			Monitoring Equipment Calibrated and in Place		
Emergency Response Plan			Communication Methods Proven and Available		
Notes:					

## 4. Confined Space Work Elements – May be required based on tasks performed and JHA

	Required			Required	
	Yes	No		Yes	No
Work Permit (WP/WAP/PSO/DSO/etc)			Line of Fire Assessment and Controls		
Hot Work Permit			Lighting		
Ventilation - Installed and Verified			Electrical Safety (GFCI/Bonding/Intrinsically Safe)		
Personal Protective Equipment			Respiratory Protection		
Fall Protection			Other:		
Describe any requirements:					

## 5. Communication

Role	Name	Radio	Phone
Confined Space Permit Holder			
Emergency Response Team Leader			
Emergency Response Team	N/a		
Communication Plan to Evacuate Workers and to Initiate Emergency Response:			

## 6. Confined Space Code of Practice Review and Acceptance

Signing this form signifies that the individual has reviewed the entire CS COP (Confined Space Permit, JHA, Emergency Response Procedures and Tailboard) and understands the hazards associated and the work procedures to be followed

Print Name	Signature	Print Name	Signature

This form must be retained at the issuing site with a copy of the work permit or other work records for a minimum of two years. This form must be provided to a WorkSafeNB, Health and Safety Officer on request.

## 7. Confined Space Monitoring and Entry Log

\* If space has been untested for 12 hours, a Competent Tester must complete pre-entry testing before work can start\*

Monitoring must be completed before the first entry of the day and any time the space has been empty for more than 20 minutes. When continuously monitoring, the results must be recorded any time they alarm and every 30 minutes.			
<b>Continuous or Periodic Monitoring</b>			
If the answer is "yes" to any question below, continuous monitoring is required. If the answer to all questions is "no", periodic monitoring can be performed.			
1. Is there a chemical or physical agent in the space or will be brought into the space to be used	1. <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Can the work in the space potentially change the atmosphere (e.g. welding, using solvents, painting)	2. <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Could liquid or gas enter the space from internal or external routes (e.g. vehicle exhaust)	3. <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Is continuous monitoring required by the confined space permit	4. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Monitor Make:		Model:	
Serial Number:		Last Calibration:	

Time	O2 (%)	LEL (%)	CO (ppm)	H2S (ppm)	SO2 (ppm)	Other (describe):	Entrant Name	Lock Applied (Initial)	Time In	Time Out	Initial Out

**Table 1 from HSEE-03-17: Confined Space Test Criteria and Outcomes**

Hazard	Low Risk - Safe for Entry	Moderate Risk - Controls Required for Entry	Immediately Dangerous to Life and Health (IDLH) - No Entry without Internal Deviation
Oxygen	19.5% - 23%	N/a	<19.5% or > 23%
Lower Explosive Limit (LEL)	<5%	5%-10%	>10%
Hydrogen Sulfide (H2S)	<5ppm	5ppm-100ppm	>100ppm
Carbon Monoxide	<25ppm	25ppm-1200ppm	>1200ppm
Sulfur Dioxide	<2ppm	2ppm-100ppm	>100ppm
Chemical Agents	<TLV or <50% of Ceiling	TLV – IDLH or 50% of Ceiling - IDLH	>IDLH

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