

Confined Space Isolation Variant

Form #: HS09 Revision: 2025-01

Confined spaces must be isolated as per <u>HSEE-03-17 Confined Spaces</u>. During rare occasions when the equipment and/or process cannot meet the isolation requirements an isolation variant must be requested. The variant request must establish how an equivalent level of protection will be provided. Approval may be granted providing safety is not compromised and a long-term solution will be developed.

SECTION 1 – CURRENT SITUATION

Attach Confined Space Hazard Assessment; Isolation Assessment; PID(s), drawings and, or pictures; FMECA (see 1.4)
1.1 Confined space to be isolated:
1.2 Reason(s) why the confined space cannot be isolated as per HSEE-03-17 (number each one and ensure each one is answered for in all following questions)
1.3 What hazards may be present due to the variant in isolation and how will these hazards be controlled?
1.4 Engineer/Technical must document the methodology used to determine acceptability of the proposed mitigations using a Failure Modes, Effects and Criticality Analysis (FMECA), which must be attached to this package (Appendix A). The FMECA must be supported by robust Data Collection; Design Review; and Condition, Maintenance & Leakage Assessments. The FMECA will establish if additional controls are needed and how they will be verified and monitored.
1.5 Anticipated frequency this variant will be used if approved? (i.e. x times/yr)
1.6 If approved, who will notify TH&S prior to each use of this variant?



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SECTION 2 – LONG-TERM FIX/PLAN

2.1 For each isolation gap identified in 1.2, describe how t isolations align with HSEE-03-17?	he equipment / process will be modified to allow future	
2.2 For each isolation gap identified in 1.2, describe when	the long-term solution is expected to be completed?	
2.3 Who is responsible for each long-term solution (name	and role)?	
SECTION 3 – REVIEWS AND APPROVALS		
1. Site Review/Approvals:		
Asset Owner Variant Request Approval		
Print Name:	Signature:	
Title:	Date:	
Technical/Engineer Variant Request Approval:		
Print Name:	Signature:	
Title:	Date:	
Site/Division Safety Rep or JHSC Variant Request Review		
Print Name:	Signature:	
Title:	Date:	
2. Total Health and Safety Variant Request Review:		
Print Name:	Signature:	
Title:	Date:	
Notes / Conditions:	-	
3. Leadership Approvals - Plant Manager Variant Reque	est Approval:	
Print Name:	Signature:	
Title:	Date:	

Note: A variant is required when deviating from normal safety procedures or when safety procedures do not meet the need of the job or other special circumstances. **TH&S must be notified each time before use.**



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Appendix A: FMECA Template:

