

# SaskTel Confined Space Entry Permit

All workers entering confined spaces MUST BE trained in entry, exit procedures. While entering and working in confined spaces (i.e. Manholes and Crawlspace) The following items must be followed. Prior to entering a confined space and when exiting a confined space an Open and Closure Number is required on the work permit.

Please Call NOC: Regina City: 777-1500  
All other locations: 1-866-444-6622

**NOTE:** Designated Confined Spaces also refers to as Hazardous Confined Space.

## Send completed copy to SaskTel Safety Department

Date: _____	Contractor Name: _____
Location: _____	Project #: _____
Work Description: _____	
Persons entering confined space: _____	
NOC Open Number: _____	Close Number: _____
Duration of Work: Start: _____ Finish: _____	
Type of Confined Space: <input type="checkbox"/> - Manhole <input type="checkbox"/> - Crawlspace <input type="checkbox"/> - Other	
<i>For info on Confined Space types, see "Working in Confined Spaces" policy (108.03).</i>	
<i>* Rescue equipment is mandatory and must be set up in all manholes.</i>	

## Emergency Rescue Plan:

Are there First Aid Attendants on site? <input type="checkbox"/> - YES	First Aid Kits? <input type="checkbox"/> - YES
Tripod and Rescue Kit set up and Safety Watcher in place? <input type="checkbox"/> - YES	
Emergency Services: 911	Other Emergency Contact: _____
Safety Watcher name: _____	

## Emergency Rescue Plan Procedures:

(Describe emergency procedures for confined space. "Call 911" is NOT an acceptable answer.)

_____
_____
_____
_____
_____

## Personal Protective Equipment:

<input type="checkbox"/> - Hard hat (Required)	<input type="checkbox"/> - Eye protection (Required)
<input type="checkbox"/> - Face protection	<input type="checkbox"/> - Hearing protection
<input type="checkbox"/> - Gloves (Required)	<input type="checkbox"/> - Full Body Harness (Required)
<input type="checkbox"/> - Hi Vis Clothing (Required)	<input type="checkbox"/> - Disposable coveralls
<input type="checkbox"/> - Safety footwear (Required)	<input type="checkbox"/> - Respiratory Protection
<input type="checkbox"/> - Gas Monitor (Required)	<input type="checkbox"/> - Work Area Protection (Traffic signs, Cones, etc)
<input type="checkbox"/> - Bump Tested Calibration Date: _____	Type: _____
<input type="checkbox"/> - Other (specify): _____	

**Complete the Following:**

Personal Gas Monitor Worn..... ☐ - YES

Manhole guard in place ..... ☐ - YES    ☐ - NO

Ventilator Operational..... ☐ - YES    ☐ - NO

Safety Watcher in place ..... ☐ - YES

Communication established..... ☐ - YES

Rescue equipment required (tripod and safety line)..... ☐ - YES

Tripod inspected and Hoist Certified ..... ☐ - YES

Safety Harness inspected and worn..... ☐ - YES

Rescue plan established ..... ☐ - YES

Work Area Protection set up..... ☐ - YES

**Hazard Assessment and Controls**

Rank of Critical Task (High to Low)	Hazards Identified	Controls for Hazards	Person to Action / Date to be Actioned
Traffic / Ped	Moving Vehicle/Public	WAP	_____ Initial if complete
Confined Spaces	Atmosphere, Area	108.03, CS SWP	_____ Initial if complete
Confined Spaces	Atmosphere, Area	Tri-Pod and Safety Line	_____ Initial if complete
Confined Spaces	Atmosphere, Area	Safety Watcher	_____ Initial if complete

**Test Results:** (If confined space is vacant for more than 30 minutes, a new test is required)

Time	Oxygen	LEL	Carbon Monoxide	H2S	Initials	Did Alarm go off?

*Use another Confined Space Entry Permit if space is limited for test results.*

I certify that I have tested the confined space for the above contaminants and that it is safe for entry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Watcher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_