

**CRITICAL CONTROL VERIFICATION**

**CRITICAL RISK – CONFINED SPACE**

Respondent		Secondary Respondent		
Unit	Location	Time	Date	
Task		Specific Location Details		
Did you do this verification with anyone?		What workgroup are you interacting with?		
<b>ENTRY PERMIT AND DOCUMENTATION</b>				
Confined Space Entry Permit completed and signed				
JSEA, SWI or SWMS in place and signed by the work team				
<b>ISOLATION AND ENERGY CONTROL</b>				
PTW in place and second check completed				
<b>ATMOSPHERIC TESTING AND MONITORING</b>				
Pre-entry gas test completed and recorded				
Oxygen level: 19.5% – 23.5%				
Flammable gases < 5% LEL				
Gas monitoring conducted and documented as per the Rescue Plan? This is not required unless called out in the Rescue plan				
Gas monitoring results recorded.				
<b>VENTILATION AND PURGING</b>				
Forced or natural ventilation operational				
Purging completed where required				
<b>PPE AND EQUIPMENT</b>				
Respiratory protection (if required) fit-tested and worn				
Harness and retrieval system installed and inspected if required by the rescue plan				
Communication equipment tested and operational				
<b>STANDBY PERSON AND COMMUNICATIONS</b>				
Standby person can tell you what their role is				
No other duties assigned to standby person				
Standby person can only monitor one hole when person is in the confined space				
<b>EMERGENCY RESPONSE PREPAREDNESS</b>				
Rescue plan documented and communicated				
Work team understands how to call ERT				
<b>COMMENTS</b>				
<b>ALL CRITICAL CONTROLS VERIFIED AND FUNCTIONAL?</b>				
YES – Safe to proceed		NO – Stop work and escalate immediately		