

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?					
ENTRY PERMIT AND DOCUMENTATION						YES	NO	N/A
Confined Space Entry Permit completed and signed								
JSEA, SWI or SWMS in place and signed by the work team								
ISOLATION AND ENERGY CONTROL						YES	NO	N/A
PTW in place and second check completed								
ATMOSPHERIC TESTING AND MONITORING						YES	NO	N/A
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.								
VENTILATION AND PURGING						YES	NO	N/A
Forced or natural ventilation operational								
Purging completed where required								
PPE AND EQUIPMENT						YES	NO	N/A
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								
STANDBY PERSON AND COMMUNICATIONS						YES	NO	N/A
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								
EMERGENCY RESPONSE PREPAREDNESS						YES	NO	N/A
Rescue plan documented and communicated								
Work team understands how to call ERT								
COMMENTS								
ALL CRITICAL CONTROLS VERIFIED AND FUNCTIONAL?								
YES – Safe to proceed					NO – Stop work and escalate immediately			