

ALLOW FIVE BUSINESS DAYS FOR VERIFICATION BY BCIT OHS

Project Information

Project Name:	Start Date:	End Date:
Contractor Liaison:	Office:	
	Cell:	
Company Name:	Office:	
Site Supervisor:	Cell:	

NOTES:

- This form shall be initiated by the SUBCONTRACTOR or CONTRACTOR requesting confined space entry
- This form shall be sent to the Contractor Liaison for review prior to being sent to BCIT OHS (BCIT_OHS@bcit.ca) for verification
- Upon verification the BCIT OHS Group will provide written notice to the Contractor Liaison indicating that the Contractor can proceed with the requested entry.

PLEASE CONTACT THE CONTRACTOR LIAISON FOR ADDITIONAL INFORMATION

Request Information

Location of Entry Point:
Description of Confined Space:
Scope of Work:
Date and Time of Entry:
Name of Entry Supervisor:
Name of Entrant(s):
Name of Attendant(s):

The contractor requesting access must complete the assessment and procedures and submit to the BCIT Contractor Liaison for review by SSEM

Hazard Assessment

- Written document completed by a qualified individual, as indicated by WorkSafeBC Part 9
- Must consider conditions which may exist prior to entry due to the confined space's design, location or use, or which may develop during work activity inside the space such as the potential for oxygen enrichment and deficiency, flammable gas, vapor or mist, combustible dust, other hazardous atmospheres, harmful substances requiring lockout and isolation, engulfment and entrapment, and other hazardous conditions.

Entry Procedures

- Written document completed by a qualified individual, as indicated by WorkSafeBC Part 9
- Must specifying the means to eliminate or minimize all hazards indicated during the hazard assessment
- Include but not limited to:
 - lockout and isolation procedures
 - verification and testing,
 - cleaning, purging, venting or inerting,
 - ventilation,
 - standby persons,
 - rescue
 - lifelines, harnesses and lifting equipment,
 - personal protective equipment

Requestors

Contractor Signature:	Date:
Contractor Liaison Signature:	Date: