

WELL Sheet #:1051 Revision: 06/2024

## **Confined Space Permit Holder – WELL Sheet**

Date:		Location:				
Permit: Confined Space Name:						
Observation team member:			Signature:			
Observation team member: Signature:						
Confined Space Permit Holder (CSPH)				Yes	No	N/A
1.	Does the permit holder have all the required training and pre-requisites? (Confined Space Fundamentals (or equivalent), Confined Space Permit Holder Training, Job Hazard Analysis Training, Fall protection (if entry required), Division specific LOTO training and Competent Supervisor training (or equivalent))					
2.	Did the permit holder sign and receive the permit from an asset owner?					
3.	Has the permit holder walked down and verified all the CS specific isolation points?					
4.	Has the permit holder reviewed the Confined Space Hazard Assessment (CSHA) for the space?					
5.	Have the hazards from the CSHA been highlighted on the permit and tailboard?					
6.	Has the permit holder ensured all work groups provided JHA's?					
7.	Has the permit holder received and verified the CS emergency response plan?					
8.	Based on the CS ERP, is the rescue team available and properly resourced? (equipment, people, etc.)					
9.	Are there Attendants assigned to each entrance that is open?					
10.	If spaces are open and unattended, are they flagged?					
11.	Do the Attendants have calibrated and recently bumped gas monitors?					
12.	Have back out levels (gas detection alarms) been determined, set and communicated?					
13.	Have methods of communication been established and verified?					
14.	Has the Confined Space entry form been completed and authorized by the CSPH?					
15.	Has the permit holder or delegate ensured that all parties involved have been informed of the contents of Code of Practice (Entry form, JHA, Emergency response plan, CS permit)					
16.						
17.	Was the permit surrendered back to the asset owner after the work was completed?					
Confined Space work requirements			Yes	No	n/a	
18.	Does the confined space have appropriate lighting for the work?					
19.	Is ventilation required?					
20.	If yes to 19, is there a means of monitoring it?					
21.	Is there adequate signage for the confined space work?					
22.	Is there a need for intrinsically safe equipment?					
23.	Are Ground Fault Circuit Interrupters (GFCI) being used where required?					
24.	If yes to 20, are they in place and being properly utilized?					
25.	Is the confined space near a vehicle traffic area?					
26.	If yes to 22, is there a traffic control plan in place?					
27.	Are there multiple work groups in the confined space at the same time?					
28.	If yes to 24, have the work scopes, hazards and necessary controls been communicated to each group?					
29.	Has the space been vacant (or plans to be vacant) for 12 hours or greater?					
30.	If yes to 26, is there plan to ensure monitoring of the space while workers are vacant from the space?					
31.	If no to 27, is the permit holder ensuring the a competent tester is completing the pre-entry testing prior to allowing workers to re-enter the space after being yacant for 12 hours?					



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Comments:	
Overall Comments:	