UNIVERSITY OF WATERLOO

Confined Space Coordination Document

Confined Space Location

Building (or location on grounds) :	Room:
Name of equipment or space to be entered:	
Notes:	

Has a copy of UW's Confined Space Program been given to all other employers (contractors)? (If any employer does not have a JHSC or H&S representative a copy of UW's Confined Space program must be given to each worker)

Yes ☐ No ☐

Has a copy of the hazard assessment for the relevant confined space and Certificate of Recognition for the person that carried out the hazard assessment been given to all other employers (contractors)? (If any employer does not have a JHSC or H&S representative a copy of the hazard assessment must be given to each worker)

Yes ☐ No ☐

Have all workers received plan specific training?

Yes ☐ No ☐

If Lock-out/Tag-out is to be performed have all workers received UW's Hazardous Energy Control training?

Yes ☐ No ☐

Attendants to be provided by University of Waterloo?

Yes ☐ No ☐

Atmospheric testing to be performed by (results to be recorded on Entry Permit):

Ventilation and Purging (if required) to be performed by:

I have received:

1. A copy of UW's Confined Space Program,
2. A copy of the hazard assessment for the relevant confined space and Certificate of Recognition for the person that carried out the hazard assessment, and if required by plan
3. Training in UW's Hazardous Energy Control Program

Employer	Name	Signature	Date (mm/dd/yy)