

Confined Space Safe Entry Plan

Date:	Location:	Prepared by:		
CSI#:	CS Permit #:	Reviewed by:		
	Space risk rating, as per the CS Hazard Assessment:			
applicable docume	entation: CSI, CSH/RA, Permit Copy, JF	HA, FLHA Copy		
Confined Space	ee Safe Work Plan			
			Continued on rev	
		ng PPE	☐ Isolation/Locko	



As a minimum, has the following been considered and provided for?		Rescue FLHA
	OELs of Hazardous Substances are identified	
Entry Supervisor:	Signature:	



Confined Space Safe Work Plan continued