



Appendix D
Contractor Confined Space Information Form

This form is to be completed by the ND Project Manager or ND Faculty staff overseeing a non-ND contractor who will enter a ND confined space.

Contractor Representative: Contractor Organization:

ND Project Manager:

Space Name/Location: Date of Entry:

Section 1. Hazardous Element Identification Checklist (Completed by ND)
Table with 3 columns: Question, YES, NA. Rows include: 1. Has the contractor been informed of the following potential hazards? (sub-rows a-n), a. Oxygen deficiency, b. Toxic gasses or vapors, c. Hazards of Engulfment or Entrapment, d. Electrical hazards, e. Flammable hazards (gasses, vapors, high oxygen), f. Heat or Cold, g. Hazardous configuration, h. Mechanical hazards, i. Chemical hazards, j. Biological hazards (sewage), k. Fall hazards, l. Trip hazards, m. Noise hazards, n. Other:

Section 2. Precautions or Procedures Already Implemented
Table with 3 columns: Question, YES, NA. Rows include: 1. Has Lock, Tag, Try been implemented, energy control procedures, lock and tags?, 2. All chemical, utility and outlet lines isolated?, 3. Space drained and decontaminated?, 4. Continuous air monitoring established?, 5. Mechanical ventilation established?, 6. Sharp edges and moving parts guarded?, 7. Has adequate lighting available in the space been established?

Section 3. Emergency Communication

What are the means of summoning rescue and emergency services?

Section 4. Debriefing? List any hazards confronted or created in the space during operation entry.

I hereby confirm that I have reviewed the completed Contractor Confined Space Information Form with the visiting contractor. The contractor has been informed of all known potential hazards within the permit required space. By signing this form, the contractor acknowledges all the information listed above.

ND Project Manager Signature: Contractor Signature:
Date:

This form must be retained for record retention.