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Prepared by

Location



General Information

Description of work to be performed

Confined Space Discussion

Employees working in confined spaces experience incidents caused by asphyxiation or oxygen deficiency due to the presence of deadly gases while performing their jobs.

Permit-required confined spaces are confined spaces that:

- May contain a hazardous or potentially hazardous atmosphere.
- May contain a material which can engulf an entrant.
- May contain walls that converge inward or floors that slope downward and taper into a smaller area which could trap or asphyxiate an entrant.
- May contain other serious physical hazards such as unguarded machines or exposed live wires.
- Must be identified by the employer who must inform exposed employees of the existence and location of such spaces and their hazards.

What to Do:

- Do not enter permit-required confined spaces without being trained and without having a permit to enter.
- Review, understand and follow employer's procedures before entering permit-required confined spaces and know how and when to exit.
- Before entry, identify any physical hazards.
- Before and during entry, test, and monitor for oxygen content, flammability, toxicity or explosive hazards as necessary.
- Use employer's fall protection, rescue, air-monitoring, ventilation, lighting, and communication equipment according to entry procedures.
- Maintain contact at all times with a trained attendant either visually, via phone, or by two-way radio. This monitoring system enables the attendant and entry supervisor to order you to evacuate and to alert appropriately trained rescue personnel to rescue entrants when needed.

Follow up questions

Is there anyone who doesn't understand the employer's procedures?

No Yes N/A

Is there any question regarding communication protocols?

No Yes N/A

Kindly specify

Is there anyone suffering from health symptoms?

No Yes N/A

List down the symptoms encountered.

Is there any physical hazard detected?

No Yes N/A

What are those hazards?

Any question or comment about these safety measures?

No Yes N/A

What are the questions needs to clarify?

Completion

Competent Person (Full Name and Signature)



By signing this, you confirm that the information discussed during this meeting were fully understood.

Click + to add signee

Employee

Employee (Full name and signature)



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