

Name/Type of confined space: \_\_\_\_\_ Internal reference no.: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Collaboration: \_\_\_\_\_

## MODULE 2: DESCRIBE THE WORK

Work to be done: \_\_\_\_\_

Description of the work: \_\_\_\_\_

Is it necessary to enter the confined space to do the work? ☐ Yes ☐ No

### Détails de l'intervention

1. How many entrants are required at the same time to perform the work?

☐ 1 ☐ 2 ☐ > 2

2. How many attendants and rescuers are required for the work?

☐ 1 ☐ 2 ☐ > 2

3. Does the work (entry into space and job) require any particular experience or expertise?

☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

4. Does the work require being in any particular physical shape or mental health (e.g., long and demanding task, very restricted workspace, need to go up and down ladder repeatedly)?

☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

5. How frequently must such work be done?

- ☐ Daily
- ☐ Weekly
- ☐ Several time per year
- ☐ Each year
- ☐ Less than once a year
- ☐ On an emergency, priority basis
- ☐ Unknown

6. At what time of year usually?

- ☐ Winter
- ☐ Spring
- ☐ Summer
- ☐ Fall
- ☐ Variable
- ☐ All year round

7. How long should the work in the confined space take?

- ☐ Short time (e.g., < 30 minutes)
- ☐ Medium to long time

At what time of day is the work supposed to be done?

- ☐ Day
- ☐ Night

8. Are there time constraints related to the work (e.g., production, very short time frame, other crews waiting, essential service) that put pressure on the workers?

- ☐ Yes
- ☐ No

If yes, specify: \_\_\_\_\_

9. Once in the confined space, what type of progression is required to get to the place where the job is to be done?

- ☐ Vertical progression only
- ☐ Horizontal progression only
- ☐ Vertical and horizontal

10. During the work, will the attendant be able to see, hear or otherwise communicate with the worker in case a rescue procedure needs to be initiated? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

**11.** Does the work to be done involve any other hazards? (Check all that apply)

- ☐ Pressure wash
- ☐ Working at heights
- ☐ Using specific tools or equipment (e.g., welding, torch cutting, grinding, drilling, tightening screws/bolts).  
Specify: \_\_\_\_\_
- ☐ Using a generator
- ☐ Using or generating chemicals and aerosols (e.g., welding, painting, gluing, cleaning). Specify:
  - ☐ Simple asphyxiant (e.g., methane, carbon dioxide) or chemical (e.g., carbon monoxide).  
Specify: \_\_\_\_\_
  - ☐ Flammable or explosive material, combustible dust. Specify: \_\_\_\_\_
  - ☐ Toxic substance. Specify: \_\_\_\_\_
  - ☐ Irritant (e.g., gas causing irritation). Specify: \_\_\_\_\_
  - ☐ Corrosive (e.g., acid, alkaline). Specify: \_\_\_\_\_
  - ☐ Carcinogen (e.g., radioactive). Specify: \_\_\_\_\_
  - ☐ None of the above
- ☐ Working under load, load at height, falling tools
- ☐ Handling of heavy objects
- ☐ Ergonomic or temperature constraints of wearing clothing or PPE (e.g., visibility, sweating)
- ☐ No additional hazards

**12.** During the work, will it be possible for the worker to have his/her harness fastened at all times to a lifeline solidly secured to an anchoring point outside the confined space? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_