

MULTI-TREK LTD

2015 REQUEST FOR CONFINED SPACE ATTENDING / RESCUER SERVICES

Company Name: _____

CURRENT CLIENT OR INVOICE AT THE FOLLOWING ADDRESS:

Telephone #: _____

Purchase Order #: _____

Requested By: _____

Signature: _____

Does the Entrant(s) / Sub-Contractor(s) have Confined Space Entry Training? Yes No

Please ensure that all Entrant(s) / Sub-Contractors involved at the worksite have current confined space awareness training certificates and/or cards for entry into the confined space. Will be asked to show proof of confined space entry training by the Attendant prior to entry into the confined space.

JURISDICTION: Ontario Québec Federal Unsure

COORDINATION AGREEMENT

Please indicate which Documents, Plans, Procedures, Permits, etc... shall be used to protect the health & safety of all persons who perform work in this confined space. **TASKS "A" TO "J"; MUST BE COMPLETED, PLEASE SPECIFY WHO WILL BE RESPONSIBLE.** Call if you have any questions.

PRESCRIBED SAFETY TASKS	SPECIFY WHO WILL BE RESPONSIBLE **
a) Confined Space Program **	
b) Initial Hazard Evaluation **	
c) Written Entry Plan(s) **	
d) Plan Specific Training	
e) Entry Permit & CS Equipment *	MULTI-TREK LTD.
f) Rescue Procedures **	
g) Isolation/Lockout Procedures***	Contractors Responsibility
h) Attendant / Air Monitoring	MULTI-TREK LTD.
i) Ventilation / Purging	
j) Hot Work Permit	

* If other than the Multi-Trek Entry Permit is to be used, please provide a copy with this requisition for our review. Thank you.
 ** If Multi-Trek is responsible for these tasks, additional fees will apply. Please call to discuss and set-up a site visit.

CONFINED SPACE INFORMATION

Work: Inspecting Cleaning Cold Work Hot Work/Welding
 Cutting/Grinding Cementing/Tiling _____

Site: Indoors Outdoors Street Elevated Underground

Type: Boiler Sewer Vessel Tank Turbine _____

Give Full Description of the Confined Space: Dimension, Access, etc & Specify Work to be done (Attach MSDS if required):

Exact location of the Confined Space: _____

Access / Distance to CS site: _____

Day 1 - Start Date: _____ (Day & Date)

Day 1 - Entry Time: _____ a.m. p.m.

Approx. Number of Hours / Days Required: _____

Entry Supervisor: _____

PLEASE NOTE:

The Attendant(s) will arrive 1 hour prior to start time indicated above to set-up and will require ½ hour after final out to take down equipment and close documents.

PLEASE FAX REQUEST TO MULTI-TREK AT (613) 731-8747 AND CONFIRM AVAILABILITY BY CALLING MULTI-TREK AT (613) 731-ROPE (7673) / 1-800-263-5232. THANK YOU.

- NON-ENTRY RESCUE REQUIRED – ATTENDANT WILL NOT ENTER THE CONFINED SPACE
- ENTRY RESCUE REQUIRED – ENTRANT CAN NOT BE REMOVED FROM THE CONFINED SPACE WITHOUT ENTRY - 2 WORKERS REQUIRED - ATTENDANT & STAND-BY RESCUER

ADDITIONAL REQUIREMENTS:

- | Yes | No | Unsure | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a tripod / winch / SRL with rescue function required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will the Entrant remain attached to the winch / SRL? (If not, a Stand-By Rescuer will be required) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any full body harnesses needed? Number _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is mechanical ventilation required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is an electrical power source available / needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a fire watch needed? Hot Work Permit? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a ladder or scaffolding required? Has this been arranged? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is respiratory protection needed? Specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is other safety equipment required? Specify: _____ |

CS Dimensions: Depth ____ ft Height ____ ft How wide ____ ft

CS Dimensions of Access Portal: ____ ft / diameter **MSDS Attached**

Special Requirements: _____

Equipment Provided with Attendant Services: Air Monitoring Equipment, Tripod with SRL (if required), Axial Ventilator, First-Aid Trauma Kit, Rescue Gear, Lighting Equipment, Utility Box, etc... Respiratory Protection & S.A.R. Extra.

MULTI-TREK will endeavor to accommodate last minute URGENT (less than 24 hours) requests; however an additional emergency response fee of \$ 250 + HST will be applied to the invoice.

A 4 hour minimum call out applies to all requests. Rates as per web-site www.multitrek.com.