



Confined Space

Pre-Task Safety (PTS) Meeting Documentation

The following Confined Space pre-meeting requirements have been established for the safe execution of confined space work. **No work shall commence until all information is provided by Subcontractor and a meeting is conducted with REEDER safety dept.**

General Information:

Project Name:

Subcontractor Name:

Competent Person:

Projected Date of Initial Entry:

Subcontractor Safety Manager Approval Sign Off: _____

REEDER's Safety Manager Approval Sign Off: _____

Document Checklist:

The following Items for the Confined Space Plan have been completed:

- 1. **Scope of Work**
- 2. **Emergency Action Plan (OSHA 1926.1211)**
- 3. **Training Records (OSHA 1926.1207)**
- 4. **Competent Person (OSHA 1926.1210)**
- 5. **JHA (OSHA 1926.1212)**

This Document is intended to provide a working, uniform minimal level of program guidelines to assist or provide direction to the Contractors. This Document is not intended to replace the need for each Contractor to establish and maintain a proper Illness and Injury Prevention Program as required by the Department of Labor, Occupational Safety and Health Act (29 CFR 1926 and 29 CFR 1910), the State of Texas and Reeder General Contractors Inc.

1.) Scope of Work:

List out all work being performing in the confined space:

What materials will you be installing in the confined space:

Will **welding** be performed? Yes No

Will **grinding** be performed? Yes No

Will **adhesives** be used? Yes No

Will **chemicals** be used? Yes No

Will **dust** be created? Yes No

2.) Safety Procedures:

Provide a description of the confined space safety procedures that will be used on this project.

Procedures:

Method of communication:

Access location:

How are you entering the confined space?

- | | | |
|--|------------------------------|-----------------------------|
| Will an air blower be used? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the confined space be tested with atmospheric tester? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will a dedicated attendant be present? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will a supervisor be onsite? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will a confined space permit be executed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is rescue equipment identified and in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the confined space been surveyed for hazards? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is coordination with other trades required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



3.) Training

Do the workers have confined space training? Yes No

Is your training consistent with 1926.1200?
(this standard was implemented in 2013) Yes No

Do you have CPR trained personnel as required
by the confined space standard? Yes No

**Attached all confined space training records to this packet.*

4.) Emergency Action Plan

- Do you agree to abide by all REEDER’s Accident Reporting Procedures? Yes
- Do you agree to report accidents and near misses to Reeder General Representative? Yes
- Do you agree to submit an accident investigation report to Reeder General? Yes
- Do you agree to participate in the follow up meetings to prevent a reoccurrence? Yes

In the event of an emergency our procedures are as follows:

Closest Medical Facility:

Name: Yes No

Address:

Phone Number: