

# 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

### 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.**

### 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.

- ☐ 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](http://www.multitrek.com).**