Name of Lead employer:

The purpose of this form is to identify if the employees of more than one employer perform work in the same confined space or related work with respect to the same confined space. This form is to be used by the lead employer representatie that is trained in confined space entry procedures.

Confined Space ID:	Date:
Location/Description:	

PROJECT SPECIFICS:

Description of the work to be performed:

Name	Company	Work performing	Date	Date	Date	Date	Date
			initials	initials	initials	initials	initials

CHECK THE FOLLOWING

Has a copy of the lead employer's CONFINED SPACE PROGRAM been approved and explained to all employers and contractors?

- ☐ YES
- ☐ NO

Has a copy of the hazard assessments(s) for the relevant confined space(s) been provided and explained to all employers and contractors? (Including the Health and Safety Committee and/or Representative)

- ☐ YES
- ☐ NO

Have copies of the relevant training records been provided concerning the person that conducted the confined space hazard assessment to all employers and contractors?

- ☐ YES
- ☐ NO

Lead employer Representative (sign): Phone:

A copy of this document must be given to: A) Each employer that has employees working in the same confined space or related work with respect to the same confined space; and B) The joint health and safety committee or health and safety representative of every employee that has employees working in the same confined space or related work with respect to the same confined space