

# MULTI-TREK LTD

## 2010 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 *                 |                                    |
| f) Rescue Procedures & Equipment  |                                    |
| g) Isolation/Lockout Procedures** |                                    |
| h) Attendant / Air Monitoring     | <b>MULTI-TREK LTD.</b>             |
| i) Ventilation / Purging          |                                    |
| j) Hot Work Permit                |                                    |

\* If other than the MultiTrek Entry Permit is to be used, please provide a copy with this requisition for our review. Thank you.  
 \*\* If MultiTrek 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](http://www.multitrek.com).** Requisition.doc