

**The UNIVERSITY of WESTERN ONTARIO**  
**Physical Plant and Capital Planning Services Division**

<b>POLICY:</b>			<b>NUMBER:</b> S-30
<b>RESTRICTED SPACE ACCESS POLICY</b>			<b>Page 1 of 2</b>
<b>PREPARED BY:</b>  PP&CPSD	<b>AUTHORIZED BY:</b>  R. Langille <i>R. Langille</i>	<b>CLASSIFICATION:</b>  Safety Policy	<b>EFFECTIVE:</b> March 26, 2010
			<b>SUPERSEDES:</b> New

It has been determined that certain areas of the University require additional work planning due to potential health & safety risks; these may be remote or with limited egress. This document sets out the policy for the application of a procedural permit to Work in Restricted Access areas within the University

**DEFINITIONS**

1. Restricted Space – may be a mechanical, electrical, telecommunications, elevator, or custodial room, ceiling space, roof, chase/riser area, utility tunnel, or other area assessed to be a restricted access area due to the nature of its location, design, or limited egress.
2. Authorized Personnel - University personnel who have been trained on applicable workplace hazards and who have direct involvement with the installation, construction, operation and maintenance of the equipment and systems and/or use of the materials contained within restricted areas. Such personnel include individuals from PPD Operations and Maintenance, Facilities Engineering, Information Technology Services, Campus Community Police Services, and individuals designated by other departments under the provisions of this policy.

**PURPOSE**

The purpose of this policy is to ensure that employees working in Restricted Areas identify the hazards to which they may be exposed to.

**POLICY**

1. Access to restricted areas shall be limited to authorized personnel.
2. Unauthorized personnel may not access or use any restricted area for any purpose unless such entry / usage is approved by supervisor, and, coordinated, implemented, and maintained by authorized personnel.

**PROCEDURE**

1. Prior to performing any work in Restricted Spaces, two workers, one Entrant, and one Attendant, must review Restricted Space work plan with their supervisor.
2. A Restricted Access Record form must be completed by the workers and approved by the supervisor.
3. The Attendant will monitor the health and safety of the Entrant, and will remain at the Restricted Access Space for the duration of the work and until the Entrant exits the space.
4. On completion, return equipment and Restricted Space Access Form to the Tool Crib.

<b>RESTRICTED SPACE RECORD</b>		<b>Restricted Space Health and Safety Assessment</b>
Date -	Time -	<b>TO BE COMPLETED PRIOR TO STARTING JOB REVIEW</b>
Entrant -		<input type="checkbox"/> Lockout / Tagout
Attendant -		<input type="checkbox"/> Hazardous Energy Control
Work Order # -		<input type="checkbox"/> GFCI Required
Location of Restricted Space		<input type="checkbox"/> Traffic / Barriers
		<input type="checkbox"/> Public Hazard / Barriers
		<input type="checkbox"/> Hazardous Substances - MSDS
<b>Description of Restricted Space</b>		<b>PERSONAL PROTECTIVE EQUIP</b>
Cooling Tower <input type="checkbox"/>	Tunnel <input type="checkbox"/>	Boiler <input type="checkbox"/>
Wells <input type="checkbox"/>	Other	
<b>Description of work to be done</b>		<input type="checkbox"/> Eye Protection
		<input type="checkbox"/> Hard hat
		<input type="checkbox"/> Hearing Protection
		<input type="checkbox"/> Face Shield
		<input type="checkbox"/> Chemical Protection
		<input type="checkbox"/> Guards / Covers
		<b>SAFETY EQUIPMENT</b>
		<input type="checkbox"/> 2 way Radio required
		<input type="checkbox"/> Retrieval System
		<input type="checkbox"/> Safety harness
		<input type="checkbox"/> Retrieval System
		<input type="checkbox"/> Fire Extinguisher
		<input type="checkbox"/> Water / eye wash
		<b>ENVIRONMENTAL HAZARDS</b>
		<input type="checkbox"/> Temperature (ambient / contact)
		<input type="checkbox"/> Chemical
		<input type="checkbox"/> Irritant
		<input type="checkbox"/> Noise
		<input type="checkbox"/> Mechanical Equipment
		<input type="checkbox"/> Vibration
		<input type="checkbox"/> Slip Hazards
		<b>OTHER ANTICIPATED HAZARDS</b>
<b>Retrieval Equipment to be used</b>		<input type="checkbox"/> Spark producing
		<input type="checkbox"/> Operational tasks
		<input type="checkbox"/> Spilled liquid
		<input type="checkbox"/> Radiation
		<input type="checkbox"/> Material handling
		<input type="checkbox"/> OTHER
<b>Equipment or Materials located and/or brought into in this Restricted Space</b>		

**REVIEW OPERATING PROCEDURES WITH WORKERS PRIOR TO THIS APPROVAL**

Procedure Approved by :  
 Supervisor Name \_\_\_\_\_

Time Period :

Signature \_\_\_\_\_

Date:

Tool Crib Approval \_\_\_\_\_