



Confined Space Entry Supervisor Assignment Form

***[This model form/template must be customized to meet your Agency’s needs.]***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individual) has been designated an “Entry Supervisor” and Competent Person for Permit-Required Confined Space Operations by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of District) based on the individual’s training, experience, and demonstrated skills in the following:

1. Ability to evaluate potential or known confined space hazards and acceptable entry conditions.
2. Understanding the use of atmospheric testing devices and ventilation methods.
3. Knowledge and understanding required of staffing roles (attendant, entrants, rescue).
4. Ability to evaluate other permit requirements necessary to authorize work in confined spaces (i.e., hot work, LOTO).
5. Ability to evaluate potential or known fall hazards that require protective systems.
6. Ability to communicate and coordinate requirements when working with outside parties.
7. Implementing the requirements of the District’s Confined Space Program and Permit process.

Review of supporting documents related to Competent Person designation: (attach copies)

\_\_\_\_\_Training, classes, and workshops attended

\_\_\_\_\_Years/months of experience in a supervisor or lead person role

* Number of years/months \_\_\_\_

\_\_\_\_\_Formal education, union apprenticeship, etc.

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| --- | --- | --- | --- |
| ­­­­­­­­**Confined Space Competent Person Evaluation** | **Date Evaluated** |  | **Passed By** |
| * Understands and Implements District’s CSE Program |  |  |  |
| * Effectively controls known hazards for safe entry |  |  |  |
| * Properly completes CSE permit and performs inspections |  |  |  |
| * Conducts atmospheric testing |  |  |  |
| * Implements proper ventilation controls |  |  |  |
| * Implements effective fall protection plan |  |  |  |
| * Implements emergency and rescue procedures |  |  |  |
| * Implements effective communication procedures |  |  |  |
| * Ensures only authorized personnel are in the work area |  |  |  |
| * Conducts safety briefs with outside parties |  |  |  |
| * Properly terminates entry permit |  |  |  |

**Evaluated and Designated by:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual assigned as a Confined Space Competent Person:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_