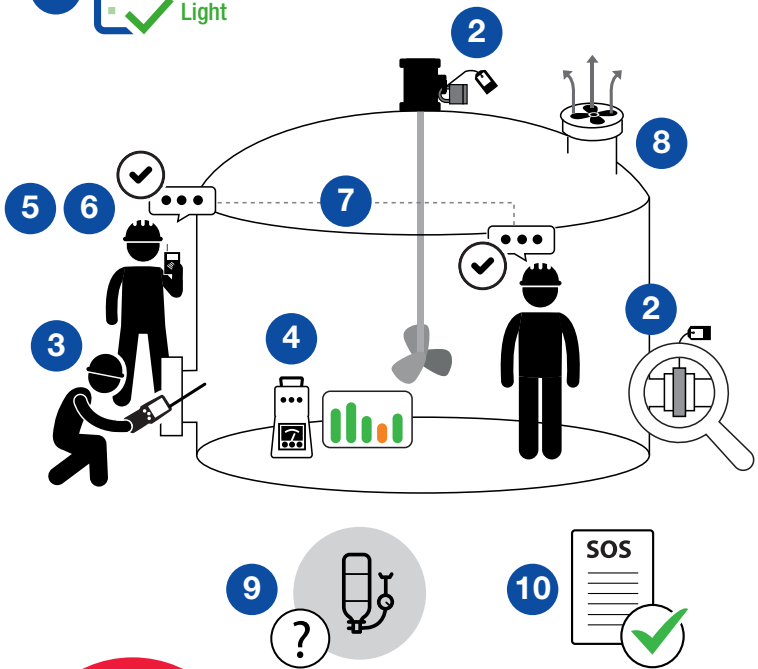


CONFINED SPACES

1 Safety Green Light



1 fatality
related to confined spaces
occurred in the Group
in the last 10 years.

CONFINED SPACES



Location _____ Date _____

Observed company _____ Permit N° _____

YES NO N/A

POINTS TO BE CHECKED

- 1** Has the "Safety Green Light" been carried out?
- 2** Are positive isolations installed as near as possible to the confined space as per approved isolation diagram / plan, and tagged?
- 3** Was the atmosphere checked prior to entering the confined space?
- 4** Is the atmosphere monitored for the entire time spent in the confined space?
- 5** Is the Safety Watch present at the entry point at all times?
- 6** Is the number of people in the confined space monitored for the entire duration of the operation?
- 7** Is communication between the Safety Watch and the people in the confined space established and regularly tested (e.g. oral, visual or radio)?
- 8** Is the confined space ventilated (natural or mechanical ventilation)?
- 9** When required by the work permit, is a suitable breathing protection used?
- 10** Is the rescue plan known and ready to be implemented?

Compliance rate (Nb YES/applicable points): _____ / _____ (_____ %)

Comments _____

Name _____ Company _____

Signature _____