



This is a Confined Space Request for Information Form

Specific Information Needed to Complete a CS Safety Plan

1. Admin Info

Your Company Name:

General Contractor (Prime Contractor):

Contract Number:

Task Order Number:

Your name, or the name of your Safety Admin and a good contact phone number

Which dated version of the EM-385-1-1 will be the reference for this job?

☐ 30 Nov 2014

☐ 15 March 2024

☐ N/A

Do you need Ascendant Safety Services to prepare an Activity Hazard Analysis (AHA) Form? (\$250 added fee)

☐ Yes

☐ No, we'll do it ourselves

Is this Safety Plan Routine or **Expedited**? (*Expedited Plans are an added \$500 fee, but Ascendant Safety Services will move this plan to the very top of the list, prioritizing it over all non-expedited (routine) plans until it has been submitted and approved*)

☐ Routine

☐ **Expedited**

2. Job location/address

Street:

Building or House Number:

On Fort Cavazos?

Yes ☐

No ☐

If there is no actual street address, give a description with closest street or intersection:



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3. Job Description

Job Title: (Project Reference Description)

Scope of Work: (If more room is needed, you can submit your own separate document)

4. Who are your Primary and Alternate competent persons?

If possible, list one primary and at least one alternate along with their job titles. These will be the main points of contact at the job site. One of these will be required to be at the job site any time work is being performed. (Must be Competent Person and Confined Space trained)

Primary Name:

Job Title:

Alternate Name:

Job Title:

Alternate Name: (optional)

Job Title:

5. Who are your Attendees and who are your Entrants?

Please designate one or more persons that will be designated as Attendants, and please list all the personnel may be entering the confined space. All of the Entrants must be confined space trained and certified.

Attendees:

Entrants:

6. Training

Provide the Competent Person Training and/or Confined Space Training Certificates for all of your employees/workers that may be found at the job site for any reason at any time.

Additionally, if the employees did not receive their training and certifications from "Jimmy Knox Services", then please provide the certifications of the trainer.

Training Certificates and this form can be emailed to: ascendantss@ascendantss.com

7. Personal Protective Equipment.

Ascendant Safety Services assumes that your company requires the use of HARD HATS, STEEL/COMPOSITE TOE BOOTS, SAFETY GLASSES, GLOVES, and SAFETY VESTS at all times. If this is not the case, please indicate and provide a reason why.

☐ Yes, Hard Hats, Steel/Composite toe boots, Safety Glasses, Gloves, and Safety Vests are required 100% of the time.

☐ No, some or all items are not required. Explained below.

8. Safety equipment used at the site.

Are any of these safety devices/or equipment being used at the site (we already have the spec sheets for these)

- ☐ Sanzuko 2-Way Radio
- ☐ Allegro Blower
- ☐ G450 Gas Monitor
- ☐ Guarddog Self Closing gate
- ☐ Tractel Ladder Defender

Please list any other Safety Equipment used and not listed above. (We may ask for spec sheets on these items if we cannot find them ourselves)

9. Additional Documents Needed:

Pictures – Please send all pictures taken of the job site paying close attention to the following.

- CS Entry points.
- Equipment
- Piping, Meters
- Surrounding hazards such as power, water, gas, compressed air, Etc.
- If possible, include an overhead picture (bird's eye view)

Any Activity Hazard Reports done for this job.

Any Documents or notes taken at the PRECON meeting.

When EM-385 dated 15 March 2024 goes into effect, an ENG 6212 (Confined Space Survey) will become pretty much mandatory. So, if you have them, submit them.

Pictures and documents can be emailed to: ascendantss@ascendantss.com