|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Start Time: | | End Time: |
| Company Name: | | | |
| Confined Space Location: | | | |
| Entry Purpose: | | | |
| Entry Supervisor: | | Contact Number: | |
| Attendant(s): | | | |
| Authorized Entrant(s): | | | |
|  | | | |

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| --- |
| Description and Condition of the Confined Space: |
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| --- |
| Description of Emergency and Rescue Procedures including Emergency Contact Numbers: |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Equipment** | YES | N/A | Initials |  | YES | N/A | Initials |
| Air Monitor(s) |  |  |  | Lighting (Explosion Proof) |  |  |  |
| Communications |  |  |  | Non-Sparking Tools |  |  |  |
| Fall Protection |  |  |  | Protective Clothing |  |  |  |
| Fire Extinguisher(s) |  |  |  | Respiratory Protection |  |  |  |
| GFCI |  |  |  | Safe Entry (Ladder, etc.) |  |  |  |
| Lifeline |  |  |  | Tripod/Rescue |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Preparation** | YES | N/A | Initials |  | YES | N/A | Initials |
| Area Secured, Signs Posted, Barriers in Place |  |  |  | Line(s) Broken, Capped, Blanked |  |  |  |
| Atmospheric Monitoring Periodic or Continuous |  |  |  | Lockout/Tagout Protects Hazardous Energy |  |  |  |
| Chemical, Utility, and Outlet Lines Isolated |  |  |  | Opening Obstruction Hazards Eliminated |  |  |  |
| Communication Plan Set and Equipment Tested |  |  |  | Purge-Flush and Adequate Ventilation |  |  |  |
| Contents of the Confined Space Removed |  |  |  | Sharp Edges Removed or Guarded |  |  |  |
| Emergency and Rescue Procedures Reviewed |  |  |  | Slip and Trip Hazards Eliminated |  |  |  |
| Hot Work Permit Prepared and Available |  |  |  | Stand-by Safety Personnel Ready |  |  |  |
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| **Atmospheric Monitoring** | | Pre-Entry | | During Entry | | | | | | | |
| Testing | Acceptable Range | Time | Reading | Time | Reading | Time | Reading | Time | Reading | Time | Reading |
| Oxygen | 19.5% - 23.5% |  |  |  |  |  |  |  |  |  |  |
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| *Include monitoring for oxygen, explosive, and toxic* | | | | | | | | | | | |
| Air Tester(s) Name and Contact Info: | | | | | | | | | | | |
| Monitoring Instruments Used including Type, Model, and Serial/Unit Numbers: | | | | | | | | | | | |

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| --- |
| **Permit Entry Authorization** |
| Entry Supervisor Signature: |

*I certify that all existing hazards have been eliminated and required conditions have been satisfied.*