CONFINED SPACE ENTRY FORM

GENERAL INFORMATION

Space to be entered

Location/Building

Purpose of entry

Date to Time to

Authorized duration

ENTRY PROCEDURE

- Non-Permit Entry
  - Sign at: 1
- Alternate Entry
  - Sign at: 2
- Permit-Required
  - Sign at: 3

ENTRY PROCEDURE

- Ventilating Fan
- Barrier & Warning Signs
- Gas Monitor: ID #
- Phone/Radio (to contact 911)
- 2-way communication w/entrant
- Non-entry rescue equipment

EQUIPMENT INVENTORY

- Gloves
- Hard Hat
- Respirator
- Safety Glasses
- Ladder
- Lights
- Other

PRE-ENTRY PRECAUTIONS

- Eliminate any unsafe conditions before opening access door.
- Guard entry with barrier and signs.
- Notify affected departments of service interruption.
- Lock-out/tag-out all sources of energy posing a risk.
- Install blank in affected pipes.
- Clean and/or purge any chemical storage vessel.
- Wear personal/respiratory protection.
- Have lights or ladders available.
- See "Contractor Checklist" if coordination needed.
- Have appropriate MSDSs on site.
- Non-entry rescue equipment in place.
- Determine how often air monitoring will be conducted.
- Determine communication method between entrant and attendant:
  - Voice (within sight)
  - Radio

FOR PERMIT-REQUIRED PROCEDURE

Assign roles and responsibilities:

Entrant Attendant

Name

Name

Name

Face rescue service:

Service Contact method Phone

HAZARD ASSESSMENT

REAL OR POTENTIAL ATMOSPHERIC HAZARDS

YES NO

- Oxygen deficient (<19.5%)  
- Oxygen enriched (>23.5%)
- Flammable mist, gas, vapor or dust
- Carbon monoxide
- Hydrogen sulfide
- Toxics (specify)

There are NO real or potential atmospheric hazards.

Signature Date

1

OBSERVABLE SERIOUS SAFETY/HEALTH HAZARDS

YES NO

- Mechanical Other (specify)
- Electrical
-Engulfment/Entanglement
- Burn
- Slip, trip, fall
- Heat stress

There are NO observable serious safety or health hazards.

Signature Date

2

ENTRY AUTHORIZATION

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Lead worker or entry supervisor name Initials

Form is available on-site.

Completed by Date

ANNUAL REVIEW
## AIR MONITORING RECORD

<table>
<thead>
<tr>
<th>Acceptable conditions</th>
<th>Oxygen</th>
<th>Flammability</th>
<th>Carbon Monoxide</th>
<th>Hydrogen Sulfide</th>
<th>Other (specify)</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥19.5% &lt; O &lt; 23.5%</td>
<td>&lt; 10% LEL</td>
<td>CO &lt; 35 ppm</td>
<td>H S &lt; 10 ppm</td>
<td>&lt; PEL</td>
<td>&lt; PEL</td>
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### PRE-ENTRY

<table>
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<tr>
<th>Time:</th>
<th>Person:</th>
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### WORK COMPLETION

- Return space to original condition
- Submit form to supervisor

<table>
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<tr>
<th>Close out time</th>
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<table>
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<tr>
<th>Close out date</th>
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<tr>
<th>Lead worker or entry supervisor signature</th>
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### COMMENTS

Please let us know if you had any problems with this procedure or equipment, or if you have any suggestions.