

## GENERAL INFORMATION

Space to be entered \_\_\_\_\_

Purpose of entry \_\_\_\_\_

Location/Building \_\_\_\_\_

Date \_\_\_\_\_ to \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Authorized duration \_\_\_\_\_

## ENTRY PROCEDURE

Non-Permit Entry

Sign at:



Alternate Entry

Sign at:



Permit-Required

Sign at:



## EQUIPMENT INVENTORY

- |  |   |
|--|---|
| <input type="checkbox"/> Ventilating Fan               | <input type="checkbox"/> Gloves         |
| <input type="checkbox"/> Barrier & Warning Signs       | <input type="checkbox"/> Hard Hat       |
| <input type="checkbox"/> Gas Monitor: ID # _____       | <input type="checkbox"/> Respirator     |
| <input type="checkbox"/> Phone/Radio (to contact 911)  | <input type="checkbox"/> Safety Glasses |
| <input type="checkbox"/> 2-way communication w/entrant | <input type="checkbox"/> Ladder         |
| <input type="checkbox"/> Non-entry rescue equipment    | <input type="checkbox"/> Lights         |
| <input type="checkbox"/> 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 _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>

## EMERGENCY RESCUE SERVICE

Service \_\_\_\_\_ Contact method \_\_\_\_\_ Phone \_\_\_\_\_

## HAZARD ASSESSMENT

### REAL OR POTENTIAL ATMOSPHERIC HAZARDS

- | YES                      | NO                       |                                    |
|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Oxygen deficient (<19.5%)          |
| <input type="checkbox"/> | <input type="checkbox"/> | Oxygen enriched (>23.5%)           |
| <input type="checkbox"/> | <input type="checkbox"/> | Flammable mist, gas, vapor or dust |
| <input type="checkbox"/> | <input type="checkbox"/> | Carbon monoxide                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydrogen sulfide                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Toxics (specify) _____             |

### OBSERVABLE SERIOUS SAFETY/HEALTH HAZARDS

- | YES                      | NO                       |                                  |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical Other (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical _____                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Engulfment/Entrapment _____      |
| <input type="checkbox"/> | <input type="checkbox"/> | Burn _____                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Slip, trip, fall _____           |
| <input type="checkbox"/> | <input type="checkbox"/> | Heat stress _____                |

There are NO real or potential atmospheric hazards.



Signature \_\_\_\_\_

Date \_\_\_\_\_

There are NO observable serious safety or health hazards.



Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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.

## ANNUAL REVIEW

Completed by \_\_\_\_\_

Date \_\_\_\_\_

