CONFINED SPACE ENTRY FORM

GENERAL INFORMATION

Space to be entered

Purpose of entry

Location/Building

Date to Time to

Authorized duration

ENTRY PROCEDURE

☐ Non-Permit Entry
☐ Alternate Entry
☐ Permit-Required

Sign at: Sign at: Sign at:

1 2 3

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.

☐ Form is available on-site.

Lead worker or entry supervisor name

Initials

ANNUAL REVIEW

Completed by

Date

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

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

ENTRY PERMIT REQUIRED PROCEDURE

Assign roles and responsibilities:

Entrant Attendant

Name ______________________ ☐ ☐

Name ______________________ ☐ ☐

Name ______________________ ☐ ☐

EMERGENCY RESCUE SERVICE

Service Contact method Phone

OBSERVABLE SERIOUS SAFETY/HEALTH HAZARDS

YES NO
☐ ☐ Mechanical Other (specify)
☐ ☐ Electrical
☐ ☐ Engulfment/Entrapment
☐ ☐ Burn
☐ ☐ Slip, trip, fall
☐ ☐ Heat stress

There are NO observable serious safety or health hazards.

Signature Date

ANNUAL REVIEW

Completed by Date
## 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>
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</thead>
<tbody>
<tr>
<td></td>
<td>19.5% &lt; O &lt; 23.5%</td>
<td>&lt;10% LEL</td>
<td>CO &lt; 35 ppm</td>
<td>HS &lt; 10 ppm</td>
<td>&lt;PEL</td>
<td>&lt;PEL</td>
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### PRE-ENTRY

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

- [ ] Return space to original condition
- [ ] Submit form to supervisor

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<tr>
<th>Close out time</th>
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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.