

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.

1

Signature _____

Date _____

There are NO observable serious safety or health hazards.

2

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.

3

Lead worker or entry supervisor name _____

Initials _____

Form is available on-site.

ANNUAL REVIEW

Completed by _____

Date _____

