Confined Space Pre-Entry Checklist

Confined Space Entry Permit
Date and Time Issued: _____ Date and Time Expires: _____
Job site/Space I.D.: _____ Job Supervisor:_____
Equipment to be worked on: _____
Work to be performed: _____
Stand-by personnel: _____ _____ _____
1. Atmospheric Checks: Time _____
Oxygen _____%
Explosive _____% L.F.L.
Toxic _____PPM
2. Tester's signature: _____
3. Source isolation (No Entry): N/A Yes No
Pumps or lines blinded,   ( ) ( ) ( )
disconnected,   ( ) ( ) ( )
or blocked?   ( ) ( ) ( )
4. Ventilation Modification: N/A Yes No
Mechanical   ( ) ( ) ( )
Natural Ventilation only   ( ) ( ) ( )
5. Atmospheric check after
isolation and Ventilation:
Oxygen _____%   > 19.5 %
Explosive _____% L.F.L < 10 %
Toxic _____PPM   < 10 PPM H(2)S
Time _____
Testers signature: _____
6. Communication procedures: _____
_____
7. Rescue procedures: _____
_____
_____
_____