

# Permit Required Confined Space Checklist

## Site Information Form

Job Area: \_\_\_\_\_ Job Location: \_\_\_\_\_

Attendant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Assistant's Name(s): \_\_\_\_\_

## Pre-Entry Checklist

1. Has the surrounding area been surveyed and found free of hazardous vapors from tanks, piping or sewers? ..... Y / N
2. Is the work area, in your opinion, likely to remain free of any dangerous air contaminants? ..... Y / N
3. Have all personnel in the designated work area been briefed on proper work procedure and the locations of communication, and who to contact in an emergency? ..... Y / N
4. Have you been trained to properly operate the gas monitoring equipment? ..... Y / N
5. Do all areas of work and machinery have some type of lockout/tagout installed in the proper place? ..... Y / N
6. Has the atmosphere of the confined space area been tested prior to entry? ..... Y / N
7. Did the atmosphere levels fall within the acceptable levels? ..... Y / N
8. Will testing be done continuously while the space is occupied? ..... Y / N
9. Is all safety equipment to be used in good condition and in proper working order? ..... Y / N

**NOTICE: IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED "NO", DO NOT ENTER!  
CONTACT YOUR IMMEDIATE SUPERVISOR.**

## Confined Space Entry Permit

Confined Space: \_\_\_\_\_

Type of Permit:    \_\_\_ Low Hazard    \_\_\_ Standard    \_\_\_ IDLE

Purpose of Entry: \_\_\_\_\_ Client Name: \_\_\_\_\_

Client Contact/Phone: \_\_\_\_\_ On-Site Safety Officer: \_\_\_\_\_

Entry Attendant(s): \_\_\_\_\_ Authorized Entrant(s): \_\_\_\_\_

### Initial Atmosphere Measurements

#### Parameter PEL Time

%% Oxygen	19.5-23.5
% Lower Explosive Limit	Less than 10%
Carbon Monoxide	Less than 35 PPM
Hydrogen Sulfide	Less than 1 PPM

Instrument Model and Serial Number: \_\_\_\_\_

Calibration Method and Date: \_\_\_\_\_

The parameters shown above shall be monitored:

\_\_\_ Continuously during entry    \_\_\_ Periodically at \_\_\_\_\_ intervals by \_\_\_\_\_

Other atmospheric measurements shall be conducted as follows: \_\_\_\_\_

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## Health and Safety Hazards

	Hazard Present	Potential Hazard	Not Present		Hazard Present	Potential Hazard	Not Present
Oxygen deficiency	Y	Y	Y	Electrical Shock	Y	Y	Y
Explosive Atmosphere	Y	Y	Y	Engulfment	Y	Y	Y
Slips/Trips/Falls	Y	Y	Y	Mechanical	Y	Y	Y
				Other	Y	Y	Y

Further explanation of hazards: \_\_\_\_\_

Lockout procedures:    Y    N/A    If Y, define: \_\_\_\_\_

## Safety Equipment Procedures

Wristlets.....	Y.....	N/A	Tripod/Winch.....	Y.....	N/A
Hard Hat .....	Y.....	N/A	Radio .....	Y.....	N/A
Harness .....	Y.....	N/A	Traffic Control .....	Y.....	N/A
Hot Work Permit .....	Y.....	N/A	Cellular Radio .....	Y.....	N/A
Retrieval Line .....	Y.....	N/A	Ground Fault .....	Y.....	N/A
Intrinsically Safe Equipment .....	Y.....	N/A	First Aid Kit .....	Y.....	N/A
Lifeline .....	Y.....	N/A	Ventilation .....	Y.....	N/A
Non-Spark Tools .....	Y.....	N/A	Eye Wash .....	Y.....	N/A
Hand Protection .....	Y.....	N/A			
Foot Protection .....	Y.....	N/A			
Protective Clothing .....	Y.....	N/A			
Statically Grounded .....	Y.....	N/A			
Equipment .....	Y.....	N/A			

Other: \_\_\_\_\_

Respiratory Protection:    Y    N/A    If Y, define: \_\_\_\_\_

## Emergency/Rescue Procedures

Rescue Team: \_\_\_\_\_      Local Ambulance Phone: \_\_\_\_\_

Person(s) Trained in First Aid/CPR: \_\_\_\_\_      Local Hospital Phone: \_\_\_\_\_

Has Rescue Team been notified to entry? Y / N      Local Fire Phone: \_\_\_\_\_

Nearest Phone Location: \_\_\_\_\_      Local Police Phone: \_\_\_\_\_

The attendant on duty shall not enter the confined space.

Additional Rescue Procedures: \_\_\_\_\_

## Authorization of Entry

Person Issuing Permit: \_\_\_\_\_

Permit Issued:    Date: \_\_\_\_\_    Time: \_\_\_\_\_

Permit Expires:    Date: \_\_\_\_\_    Time: \_\_\_\_\_

**\*\*NOTE:** The reference here to “confined space” is meant to cover incidences where workers operate in limited, cramped areas. Readers should be aware that the term carries both technical and political connotations. Form format subject to change without notice.

***Check with OSHA prior to using to ensure questions are current.***

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