

## Confined Space Entry Control Worksheet

This form is used to evaluate hazards and needed controls for developing a permit or Job Hazard Analysis specific to a confined space; check all that apply

### 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: \_\_\_\_\_

Entrant(s): \_\_\_\_\_

Attendant(s): \_\_\_\_\_

#### 1. Initial Atmospheric (Air Monitoring) Check:

Time: \_\_\_\_\_ Testing Device & Serial Number: \_\_\_\_\_

Oxygen \_\_\_\_\_ % > 19.5%  
Explosive \_\_\_\_\_ % L.F.L. (Lower Flammable Limit) < 10%  
Toxic \_\_\_\_\_ PPM < 10 PPM H<sup>(2)</sup>S (Hydrogen Sulfide)

Tester's signature: \_\_\_\_\_

#### 2. Source isolation (No Entry):

Pumps or lines blinded,  
Disconnected, or blocked

#### 3. Ventilation Modification:

Mechanical  
Natural Ventilation only

##### 3.1. Atmospheric check after isolation and ventilation:

Oxygen \_\_\_\_\_ % > 19.5%  
Explosive \_\_\_\_\_ % L.F.L. < 10%  
Toxic \_\_\_\_\_ PPM < 10 PPM H<sup>(2)</sup>S (Hydrogen Sulfide)

Time: \_\_\_\_\_ Tester's signature: \_\_\_\_\_

#### 4. Communication procedures (describe):

5. Rescue procedures (describe):

6. Attendant(s) & Entrant(s):

Successfully completed required training?

7. Equipment:

Direct reading gas monitor - tested:

Safety harnesses and lifelines for entry and standby persons:

Hoisting equipment:

Powered communications:

SCBA's for entry and standby persons:

Protective Clothing:

Electric equipment (i.e. non-sparking tools):

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Written instructions and safety procedures have been received and are understood. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Entry Supervisor) \_\_\_\_\_

Approved By: \_\_\_\_\_

Reviewed By (Confined Space Entrant(s)):

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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Periodic atmospheric (air monitoring) tests:

Oxygen \_\_\_\_\_% > 19.5%  
Explosive \_\_\_\_\_% L.F.L < 10%  
Toxic \_\_\_\_\_PPM < 10 PPM H<sup>(2)</sup>S (Hydrogen Sulfide)

Time: \_\_\_\_\_ Tester's signature: \_\_\_\_\_

Oxygen \_\_\_\_\_% > 19.5%  
Explosive \_\_\_\_\_% L.F.L < 10%  
Toxic \_\_\_\_\_PPM < 10 PPM H<sup>(2)</sup>S (Hydrogen Sulfide)

Time: \_\_\_\_\_ Tester's signature: \_\_\_\_\_

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Explosive \_\_\_\_\_% L.F.L < 10%  
Toxic \_\_\_\_\_PPM < 10 PPM H<sup>(2)</sup>S (Hydrogen Sulfide)

Time: \_\_\_\_\_ Tester's signature: \_\_\_\_\_

**This permit must be kept at the jobsite.**

**Rescue Services Activated by Calling 9-1-1**