

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⁽²⁾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⁽²⁾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):

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: _____

Periodic atmospheric (air monitoring) tests:

Oxygen _____% > 19.5%
Explosive _____% L.F.L < 10%
Toxic _____PPM < 10 PPM H⁽²⁾S (Hydrogen Sulfide)

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This permit must be kept at the jobsite.

Rescue Services Activated by Calling 9-1-1