

# CONFINED SPACE PRE-ENTRY CHECKLIST

## Site Information

Project: \_\_\_\_\_ Project No: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING CHECKLIST BEFORE ENTRY INTO ANY CONFINED SPACE. IF "YES" IS CHECKED IN ALL ITEMS, YOU MAY PROCEED WITH YOUR ENTRY. IF ANY OF THE QUESTIONS BELOW ARE ANSWERED "NO". DO NOT ENTER! CONTACT YOUR IMMEDIATE SUPERVISOR FOR FURTHER DIRECTION.**

**Yes No**

- 1. Has the surrounding area been surveyed and found free of hazardous vapors from tanks, piping or sewers?
- 2. Is the work area, in your opinion, likely to remain free of any dangerous air contaminants?
- 3. Have all personnel in the designated work area been briefed on proper work procedure and the location of communication, and who to contact in an emergency?
- 4. Do all areas of work and machinery have some type of lock out/tag out installed in the proper place?
- 5. Have you been trained to properly operate the air monitoring equipment?
- 6. Has air monitor been calibrated before use?
- 7. Has the atmosphere of the confined space area been tested prior to entry?
- 8. Did the atmosphere levels fall within the acceptable levels?
- 9. Will air monitoring be completed at least every 2 hours while the space is occupied?
- 10. Is all safety equipment to be used in good condition and in proper working condition?

11. Please list make, model, equipment number and initial air reading with air monitor used.

Air Monitoring Equipment		
Make:		Time
Model:		
Equipment #:		
Oxygen Level	Min 19.5%    Max 22.5%	
Flammability	Max.            10% LEL	
H <sub>2</sub> S	Max.            10 ppm	
CO	Max.            25 ppm	
Cl <sub>2</sub>	Max.            1 ppm	
Other ( <i>Specify</i> )		