

Confined Space Pre-Entry Check List -1910.146

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: \_\_\_\_\_

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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:  
\_\_\_\_\_  
\_\_\_\_\_

8. Entry, standby, and back up persons:		Yes	No				
Successfully completed required training?		( )	( )				
Is it current?		( )	( )				
9. Equipment:		N/A	Yes	No			
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	( )	( )	( )	( )			
All electric equipment listed Class I, Division I, Group D and Non-sparking tools ( )	( )	( )	( )				
10. Periodic atmospheric tests:							
Oxygen	___%	Time	___	Oxygen	___%	Time	___
_____							
Oxygen	___%	Time	___	Oxygen	___%	Time	___
_____							
Explosive	___%	Time	___	Explosive	___%	Time	___
Explosive	___%	Time	___	Explosive	___%	Time	___
Toxic	___%	Time	___	Toxic	___%	Time	___
_____							
Toxic	___%	Time	___	Toxic	___%	Time	___
_____							

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

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

Approved By: (Unit  
Supervisor) \_\_\_\_\_

Reviewed By (Cs Operations Personnel) :

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(printed name)

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(signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies:      White Original (Safety Office)  
                  Yellow (Unit Supervisor)  
                  Hard(Job site)