

## Confined Space Pre-Entry Checklist and Certification

This form is intended to determine if a confined space is a permit-required, alternative procedure required confined space, or non-permit confined space. This evaluation must be performed by the *Entry Supervisor* who is knowledgeable about safe entry into confined spaces.

Work Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose of Entry \_\_\_\_\_

Atmosphere tested with (identify gas monitor) \_\_\_\_\_

Data: Oxygen: \_\_\_\_\_ % Flammable \_\_\_\_\_ %LEL  
 H<sub>2</sub>S \_\_\_\_\_ PPM CO \_\_\_\_\_ PPM Other: \_\_\_\_\_ PPM

1. Identify any physical hazards:

- |                         |       |                        |       |
|-------------------------|-------|------------------------|-------|
| a. Electrical           | _____ | i. Chemical            | _____ |
| b. Mechanical           | _____ | j. Pipelines           | _____ |
| c. Hydraulic            | _____ | k. Welding/cutting     | _____ |
| d. Pneumatic            | _____ | l. Falls               | _____ |
| e. Radiation            | _____ | m. Obstructions        | _____ |
| f. Temperature extremes | _____ | n. Converging surfaces | _____ |
| g. Engulfment           | _____ | o. Other: _____        | _____ |
| h. Noise                | _____ | p. Other: _____        | _____ |

**YES NO**

- |   |       |       |
|---|-------|-------|
| 2. Have all physical hazards been eliminated, isolated, or locked or blocked out? | _____ | _____ |
| 3. Are there any existing or potential atmospheric hazards?                       | _____ | _____ |
| 4. If #3 is YES, will forced-air ventilation control the hazard?                  | _____ | _____ |
| 5. Has the weather been checked for possible flash flooding?                      | _____ | _____ |

Atmosphere tested after isolation and ventilation

Data: Oxygen: \_\_\_\_\_ % Flammable \_\_\_\_\_ %LEL  
 H<sub>2</sub>S \_\_\_\_\_ PPM CO \_\_\_\_\_ PPM Other: \_\_\_\_\_ PPM

**For the purpose of this entry this confined space is:**

**Select one:**

**Permit-required** -- the full permitting process must be implemented. \_\_\_\_\_

**Alternate-procedure** -- continuous ventilation and gas monitoring must be used, and all physical hazards must be eliminated or isolated. \_\_\_\_\_

**Non-permit** -- does not meet the requirements for permit-required. \_\_\_\_\_

Entry Supervisor: Print name: \_\_\_\_\_ Signature: \_\_\_\_\_