

# **Confined Space Entry Checklist**

This Template was installed **0** times.

### **Pre-Entry Planning & Authorization**

Verifies necessary permits, hazard assessments, and team qualifications are in place before entry.

Permit Issue Date  Enter date
Permit Issue Time
Permit Validated By (Supervisor)  Supervisor A Supervisor B Supervisor C
Confined Space Designation  Non-Permit Confined Space  Permit-Required Confined Space







Brief Description of Entry Task	
Write something	
Maximum Authorized Entrants	
Enter a number	
Entry Team Roles Assigned	
Attendant	
☐ Entrant ☐ Supervisor	
Safety Observer	
Hazard Assessment Document	
♣ Upload File	
Permit Number	
Write something	

## **Confined Space Identification & Evaluation**

Details the specific confined space being entered and initial hazard assessment findings.

#### **Confined Space Name/Location**

Dimensions (Length x Width x Height)  Enter a number  Purpose of the Confined Space (e.g., Tank Cleaning, Maintenance)  Write something  Potential Hazards Identified (Check all that apply)  Oxygen Deficiency  Toxic Gases	
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Oxygen Deficiency	
Oxygen Deficiency	ノ <i>,</i>
Oxygen Deficiency	
Oxygen Deficiency	
Toxic Gases	
Flammable Atmospheres	
Engulfment Hazard	
Physical Hazards (e.g., Noise, Heat)	
Other (Specify in Long Text)	
Specific Hazards and their Potential Severity	
Write something	

Confined Space Classification (Based on initial assesting Non-Permit Space  Permit-Required Space	Samerity
Date of Assessment	
Enter date	
lazard Identification & Control	
	tigate them (e.g., ventilation,
Describe Potential Hazards Identified (e.g., Oxygen Describe Engulfment)  Write something	
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Potential Hazards Present (Select all that apply)  Oxygen Deficiency Toxic Gases (Specify:) Flammable/Explosive Atmospheres	

Write something	
Ventilation Rate (CFM)	
Enter a number	
Lockout/Tagout Procedures Verified?	
Energy Source Identified	
☐ Isolation Devices Verified	
Lock/Tag Applied	
Equipment De-energized	
Specific Procedures for Hazard Mitigation (e.g., gas blanketing)	
Write something	
	<u> </u>
Residual Risk Level (After Controls)	
Low	
Moderate	
High	
Unacceptable - Entry Prohibited	

Time of Hazard Control Verification	

# **Atmospheric Monitoring & Ventilation**

Documents atmospheric testing results and ongoing ventilation procedures.

Atmospheric Monitoring Start Time	
Oxygen (O <sub>2</sub> ) Reading (ppm/%)	
Enter a number	
Flammable Gas/Vapor Reading (LEL%)	
Enter a number	
Hydrogen Sulfide (H₂S) Reading (ppm)	
Enter a number	
Ventilation Status	
Mechanical Ventilation	
Forced Air Ventilation	
_	
☐ Natural Ventilation ☐ No Ventilation Required	

Ventilation System Description (Fan type, CFM, etc.)	
Write something	)
Last Atmospheric Monitoring Time	
Monitoring Equipment Calibration Status	
Calibrated and Within Date	
Calibration Due	
Out of Calibration	
Entry Permit & Team Briefing  Confirms the permit is valid, and the entry team has been briefed on roles, responsibilities and procedures.	es,
Permit Issue Date	
Enter date	)
Permit Issue Time	
Permit Expiration Date	
Enter date	)

Permit Authorizing Supervisor	
☐ Supervisor A	
Supervisor B	
Supervisor C	
Permit Number	
Write something	
Briefing Summary (Team Discussion Points)	
Write something	
Team Roles Confirmed?	
Attendant	
Entrant	
Supervisor	
Alternate Entrant	
Communication Method Confirmed?	
■ Verbal	
Radio	
Hand Signals	
Entrant Acknowledgement	
Entrant Acknowledgement	

# **Equipment & Safety Gear**

Verifies proper safety equipment is available and in good working order (e.g., harnesses, lifelines, respirators).

Harness Inspection Status  Pass Fail - Repair Needed  N/A - Not Required
Lifeline Inspection Status  Pass Fail - Repair Needed  N/A - Not Required
Respirator Fit Test Expiration Date (MM/DD/YYYY)  Enter a number
Respirator Type  SCBA APR None Required
Lighting Equipment  Present & Functioning  Missing/Defective

PPE Check
☐ Hard Hat
Safety Glasses
Gloves
Steel-toed boots
Hearing Protection
Communication Device
Functional Radio
Functional Alternate Communication
Not Required
Entry & Ongoing Monitoring Records observations during entry, including continuous atmospheric monitoring results and team communication.  Entry Start Time
Oxygen Level (%)
Enter a number
Flammable Gas/Vapor Level (%)  Enter a number
Linei a number

Atmospheric Monitoring Status  Continuous Intermittent
Observer Notes/Communication Log (Record all communications and significant observations)  Write something
Last Atmospheric Monitoring Time
Unusual Occurrence?  No Yes
Description of Unusual Occurrence (if Yes)  Write something

### **Exit & Post-Entry Procedures**

Details the steps taken during exit and any post-entry tasks required (e.g., equipment inspection, permit closure).

#### **Exit Time**

Write something	
Atmospheric Readings Upon Exit (O2, LEL, H2S, etc.)	
Enter a number	
Equipment Condition After Use (Satisfactory/Needs Repair)  Satisfactory  Needs Repair	
Equipment Requiring Repair (Check all that apply)  Harness Lifeline Respirator Ventilation Fan Lighting Communication System None	
Permit Expiration Date (Confirmation)  Enter date	

Corrective Actions Required (if applicable)						
Write something						
Related Che	ecklist Templ	ates				
Good Laboratory Practice (GLP) Checklist	Management Of Change (MOC) Checklist	Personal Protective Equipment (PPE) Compliance Checklist	A3 Problem Solving Report Checklist			
Ergonomic Assessment Checklist	First Article Inspection (FAI) Checklist	Lockout/Tagour (LOTO) Checklist	Maintenance t Pre-Startup Safety Review (PSSR)			
FMEA (Failure Mode And	Calibration					

Checklist

**Effects** 

**Analysis)** 

**Checklist** 

#### WE CAN DO IT TOGETHER

### **NEED HELP WITH CHECKLISTS?**

Have a question? We're here to help. Please submit your inquiry, and we'll respond promptly.

Email Address		
Phone Number		
How can we help?		
	SEND YOUR REQUEST	