



# Confined Space Entry Procedures Checklist

## Permit and Planning

Ensuring a thorough permit is created and all planning is complete before entry.

### Permit Issue Date

### Permit Issue Time

### Description of Confined Space

### Purpose of Entry

### Detailed Entry Procedures

Write something...

### Authorized Entry Personnel (Names/IDs)

### Attendant/Monitor Name/ID

### Maximum Entry Time (Hours)

Enter a number...

### Potential Hazards Identified

Write something...

### Permit Authorizer Signature

## Hazard Identification and Evaluation

Identifying and assessing all potential hazards within the confined space.

### **Describe the Confined Space (e.g., grain bin, fertilizer tank, silo)**

Write something...

### **Potential Atmospheric Hazards Present?**

- ☐ Oxygen Deficiency
- ☐ Toxic Gases (e.g., Hydrogen Sulfide, Carbon Monoxide)
- ☐ Flammable Gases/Vapors
- ☐ Dust Explosion Hazard
- ☐ None Identified

### **Describe any physical hazards present (e.g., entanglement, suffocation, falling)**

Write something...

### **Potential Energy Sources?**

- ☐ Mechanical (Augers, Conveyors)
- ☐ Electrical
- ☐ Hydraulic
- ☐ Gravity (Falling Materials)
- ☐ None Identified

### **Describe any other hazards identified (e.g., biological, ergonomic)**

Write something...

### Estimated Depth/Height of Confined Space (feet/meters)

Enter a number...

### Hazard Severity Ranking (Low, Medium, High)

☐ Low

☐ Medium

☐ High

## Confined Space Atmosphere Testing

Verifying the atmosphere within the confined space is safe for entry.

### Initial Atmosphere Testing Time

### Oxygen Level (%)

Enter a number...

### Flammable Gas Level (ppm)

Enter a number...

### Hydrogen Sulfide (H<sub>2</sub>S) Level (ppm)

Enter a number...

### Atmosphere Test Results - Safe?

☐ Yes

☐ No

### Notes on Atmosphere Testing (if not safe)

Write something...

### Re-testing Interval

### Carbon Monoxide (CO) Level (ppm)

Enter a number...

## Ventilation and Air Supply

Establishing and maintaining adequate ventilation and/or supplying breathable air.

### Ventilation Method Selected

☐ Forced Air Ventilation

☐ Natural Ventilation

☐ Both (Combination)

### Airflow Rate (CFM) - Forced Ventilation

Enter a number...

### Air Supply Source

- ☐ Compressed Air
- ☐ Oxygen-Enriched Air
- ☐ Ambient Air

### Oxygen Level (Percentage)

Enter a number...

### Carbon Monoxide (CO) Level (ppm)

Enter a number...

### Ventilation Procedure Notes

Write something...

### Air Supply Line Integrity Verified?

- ☐ Yes
- ☐ No

### Ventilation System Last Inspection Date

Enter date...

## Isolation and Lockout/Tagout

Ensuring the confined space is isolated from all potential energy sources and hazards.

### Identify Energy Sources

- ☐ Mechanical (e.g., augers, conveyors)
- ☐ Electrical
- ☐ Hydraulic
- ☐ Pneumatic
- ☐ Gravity
- ☐ Process (e.g., grain flow)
- ☐ Other (Specify in LONG\_TEXT)

### Describe 'Other' Energy Sources (if selected)

Write something...

### Lockout/Tagout Procedures Completed?

- ☐ Disengaged Mechanical Equipment
- ☐ De-energized Electrical Circuits
- ☐ Depressurized Hydraulic/Pneumatic Lines
- ☐ Blocked/Diverted Flow
- ☐ Verified Zero Energy State

### Pressure Reading (if applicable)

Enter a number...

### Lockout Device Placement

- ☐ On Equipment Disconnect
- ☐ On Valve
- ☐ On Main Power Supply
- ☐ Other (LONG\_TEXT)

### **Describe 'Other' Lockout Device Placement (if selected)**

Write something...

### **Verify Lockout/Tagout Effectiveness**

- ☐ Attempt to Energize/Activate Equipment
- ☐ Visual Inspection
- ☐ Other (LONG\_TEXT)

### **Describe 'Other' Verification Methods (if selected)**

Write something...

## **Entry Personnel & Roles**

Defining roles and responsibilities for all personnel involved in the confined space entry.

### **Entry Supervisor Designation**

- ☐ Designated
- ☐ Not Designated

### **Entry Supervisor Name**

Write something...

### **Entry Team Leader Name**

Write something...



### Entry Team Member(s) - Indicate all who are entering

- ☐ Team Member 1
- ☐ Team Member 2
- ☐ Team Member 3
- ☐ Team Member 4

### Attendant/Monitor Designated?

- ☐ Yes
- ☐ No

### Attendant/Monitor Name (if applicable)

Write something...

### Brief Description of Roles & Responsibilities for Entry Team

Write something...

## Attendant Responsibilities

Specific tasks and duties of the attendant/monitor outside the confined space.

### Describe the Attendant's Primary Responsibility

Write something...

### Attendant Trained in Confined Space Rescue?

☐ Yes

☐ No

### Distance of Attendant from Confined Space Entry (feet)

Enter a number...

### Scheduled Rotation Time (if applicable)

### Describe the Communication Method Used (e.g., radio, verbal)

Write something...

### Attendant has clear view of entrants?

☐ Yes

☐ No

### Describe any unusual noises or conditions observed outside the confined space.

Write something...

## Communication

Establishing and maintaining reliable communication between entrants and the attendant.

### Primary Communication Method

- ☐ Two-Way Radio
- ☐ Verbal Communication (Visual Signals)
- ☐ Rope Signal System
- ☐ Other (Specify in LONG\_TEXT)

### Detailed Communication Plan

Write something...

### Radio Channel/Frequency (if applicable)

Enter a number...

### Signal Person Position

- ☐ Adjacent to Entryway
- ☐ Elevated Position
- ☐ Designated Monitor Location

### Emergency Communication Protocol

Write something...

### Backup Communication Method

- ☐ Two-Way Radio (Different Frequency)
- ☐ Visual Hand Signals
- ☐ Voice Carry
- ☐ None

### Last Communication Check Time

## Personal Protective Equipment (PPE)

Ensuring appropriate PPE is selected and worn by all personnel.

### Required PPE - Head Protection

- ☐ Hard Hat (ANSI Z89.1)
- ☐ Bump Cap
- ☐ N/A - Not Required
- ☐ Other (Specify)

### Required PPE - Eye/Face Protection

- ☐ Safety Glasses (ANSI Z87.1)
- ☐ Goggles
- ☐ Face Shield
- ☐ N/A - Not Required
- ☐ Other (Specify)

### Required PPE - Respiratory Protection

- ☐ N/A - Atmosphere Safe
- ☐ Supplied Air Respirator (SAR)
- ☐ Air-Purifying Respirator (APR) – Cartridge Type
- ☐ Self-Contained Breathing Apparatus (SCBA)
- ☐ Other (Specify) - Requires Approval

### Required PPE - Hand Protection

- ☐ Gloves (Specify Material - e.g., Nitrile, Latex)
- ☐ N/A - Not Required
- ☐ Other (Specify)

### Required PPE - Body Protection

- ☐ Coveralls
- ☐ Protective Suit
- ☐ High-Visibility Vest/Clothing
- ☐ N/A - Not Required
- ☐ Other (Specify)

### Fit Testing Status (Respiratory)

- ☐ Fit Tested within Last 12 Months
- ☐ Fit Testing Required
- ☐ N/A - No Respiratory Protection Required

## Retrieval and Emergency Procedures

Planning for and practicing retrieval procedures and emergency response.

**Describe the retrieval plan, including equipment and techniques.**

Write something...

**Maximum Retrieval Time (minutes)**

Enter a number...

**Retrieval Equipment Available (Check all that apply)**

- ☐ Tripod/Davits
- ☐ Winches
- ☐ Harnesses
- ☐ Lifelines
- ☐ Other (Specify)

**Emergency Contact Information (Name, Phone)**

Write something...

**Emergency Scenarios Considered (Check all that apply)**

- ☐ Atmospheric Hazard
- ☐ Entrapment
- ☐ Equipment Failure
- ☐ Medical Emergency
- ☐ Other (Specify)

### **Describe emergency escape routes and procedures.**

Write something...

### **Date of last emergency drill**

Enter date...

### **Estimated time to summon emergency services**

## **Post-Entry Procedures**

Steps to be taken after exit from the confined space, including permit closure and equipment inspection.

### **Entry Exit Time**

### **Observations During Entry (Deviations, Concerns, etc.)**

Write something...

### **Permit Status**

- ☐ Completed
- ☐ Revised
- ☐ Cancelled

### Oxygen Meter Reading (Post-Entry)

Enter a number...

### Equipment Condition After Use

- ☐ Good
- ☐ Needs Repair
- ☐ Damaged

### Notes Regarding Equipment Condition

Write something...

### Permit Expiration Date Verified

Enter date...

### Permit Revalidation Needed?

- ☐ Yes
- ☐ No