

Confined Space Pre-Entry Checklist

Job Location: _____

Evaluator's Name: _____

Signature: _____

Date: _____

Time: _____

This checklist must be used prior to entering any confined space to determine whether a permit is required.

- | | | Yes | No |
|---|--|------------|-----------|
| 1 | Your survey of the surrounding area shows it to be free of hazards such as drifting vapors from tanks, vehicles or motors, piping or sewers, combustible materials/debris etc.? | () | () |
| 2 | Your knowledge of the space's contents, industrial or other discharges, and mechanical or electrical systems indicate this area is likely to remain free of dangerous air contaminants and other hazards while occupied? | () | () |
| 3 | The work to be performed in the space will not create a hazardous atmosphere or condition. | () | () |

If you answered "No" to the statements above, you must complete the bottom portion of this checklist and obtain a permit from your supervisor before proceeding. A "Yes" response to all statements indicates that this is a "Non-Permit Required Confined Space" and you may proceed with the entry.

- | | | Yes | No |
|---|---|------------|-----------|
| 1 | Have you been trained in the operation of the gas monitor to be used? | () | () |
| 2 | Has a gas monitor functional bump test been performed this shift on the gas monitor to be used? | () | () |
| 3 | Did you test the atmosphere of the confined space prior to entry? | () | () |
| 4 | Did the atmosphere check as acceptable (no alarms given)? | () | () |
| 5 | Will the atmosphere be continually monitored while the space is occupied? | () | () |

If you answered "No" to any of the statements above, DO NOT ENTER. Contact your supervisor for further instruction. If you answered "Yes" to all statements above, proceed to the "Confined Space Entry Permit".

NOTES: