Confined Space Entry Permit, Checklist

- A separate form must be filled out for each confined space

Auditor/inspector: ___________________________ Date: ____________

Address: ___________________________ EA#: ____________

Type of space entered: crawl space attic belly other: ___________________________

Permit required space: yes no *if no, form complete

Can alternate procedure be used: yes no

All physical hazards removed, isolated: yes no

Type of mechanical ventilation used: BD pressurization ventilation fan other: ___________________________

Engineering controls: planks ventilation pads lockout/tagout other: ___________________________

Atmospheric testing:
Oxygen (%): ____________ Combustible Gases (% LEL): ____________ Amb. CO (ppm): ____________

Site Supervisor signature: ___________________________

Notes:

If alternate procedure cannot be used, complete all fields below and post form at entry

Purpose of entry: ___________________________

Entry Supervisor: ___________________________

Authorized entrants: ___________________________

Attendant(s): ___________________________

Types of hazards present/anticipated: ___________________________

Means of isolating permit space: ___________________________

Acceptable entry conditions: ___________________________

Emergency procedure, rescue equipment: ___________________________

Means of communication: ___________________________

PPE, test equipment used to comply: ___________________________

Rev. 4/2016
*oxygen levels must be between 19.5% and 23.5%  *Combustible gases must be < 10% LEL
*installing 2-part SPF cannot follow alternate procedure