## **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:	
Purpo	se of Entr	у			·
Atmos	sphere tes	sted with (identify gas mo	nitor)		
	Oxygen:% Flammable				
		PPM CO			PPM
1.	Identify	any physical hazards:			
	a. E	Electrical		i. Chemical	
	b. <b>1</b>	Mechanical		j. Pipelines	
	c. H	Hydraulic		k. Welding/cutting	
	d. F	Pneumatic		l. Falls	
	e. F	Radiation		m. Obstructions	
	f. 7	Temperature extremes		n. Converging surface	
	g. E	Engulfment		o. Other:	
	h.	Noise		p. Other:	
3. 4. 5.	<ul> <li>Have all physical hazards been eliminated, isolated, or locked or blocked out?</li> <li>Are there any existing or potential atmospheric hazards?</li> <li>If #3 is YES, will forced-air ventilation control the hazard?</li> <li>Has the weather been checked for possible flash flooding?</li> </ul>				
	-	sted after isolation and ve			
Data:		% Flammable _ PPM CO			PPM
For th	e purpose	of this entry of this confi	ined spa	ce is:	Select one:
Permi	t-require	<b>d</b> the full permitting pro	cess mu	st be implemented.	
Altern		edure – continuous ventila , and all physical hazards r			
Non-p	ermit – d	oes not meet the requirer	ments fo	or permit-required.	

Entrants	
(Print Names, Last, First)	
Attendant(s)	
(Print Name(s). Last. First)	
(i init wanic(s). East. i list)	
Entry Cunaryicar: Drint name:	Signaturo
Entry Supervisor: Print name:	Signature: