**DATE:**

**LOCATION OF CONFINED SPACE:**

**DESCRIPTION OF WORK TO BE PERFORMED:**

---

**NATURE OF HAZARDS IN CONFINED SPACE:** (check)

- Oxygen deficiency or enrichment
- Flammable gases or vapors (greater than 10% of the Lower Explosive Limit)
- Toxic gases or vapors (greater than the Permissible Exposure Limit)
- Mechanical hazards
- Electrical shock
- Materials harmful to the skin
- Engulfment
- Configuration hazard
- Other

**PREPARATION:** (check)

- Notify affected departments of service interruption
- Isolate – blanked or double valued, with lock and tag
- Zero energy state (Drain, Ground all energy sources)
- Cleaned, drained, washed and purged
- Ventilation to provide fresh air
- Emergency response team available
- Employees informed of specific confined space hazards
- Secure area (post, sign and flag)
- Procedure reviewed with each employee
- Atmospheric test in compliance
- Attach hot work permit
- Other

---

**EQUIPMENT REQUIRED FOR ENTRY AND WORK:** (check)

- Respirator
- Lighting (Explosive Proof)
- Fire Extinguishers
- Protective clothing
- Emergency Escape Retrieval Equipment
- Hearing Protection
- Resuscitators – Inhalator
- Other

**EQUIPMENT**

<table>
<thead>
<tr>
<th>Electrical equipment/tools:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low voltage</td>
</tr>
<tr>
<td>Ground-fault current interrupters</td>
</tr>
<tr>
<td>Approved for hazardous locations</td>
</tr>
</tbody>
</table>

**Respiratory protection (specify)**

**Communication aid (specify)**

**Rescue equipment (specify)**

---

**AUTHORIZED ENTRANTS:**

---

**AUTHORIZED ATTENDANTS:**

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**TEST**

<table>
<thead>
<tr>
<th>TEST</th>
<th>Allowable Limits</th>
<th>Check (✓) if Required</th>
<th>Result</th>
<th>Result</th>
<th>Result</th>
<th>Result</th>
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<th>Result</th>
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<tbody>
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<td>AM</td>
<td>AM</td>
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<tr>
<td>Time</td>
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<tr>
<td>Oxygen-min.</td>
<td>19.5%</td>
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<tr>
<td>Oxygen-max.</td>
<td>23.5%</td>
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<tr>
<td>Flammability</td>
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<tr>
<td>H₂S</td>
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<td>SO₂</td>
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<td>Cl₂</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Name of employee conducting atmospheric monitoring: ____________________________ 
Instrument(s) used: ____________________________

Statement of acceptable entry conditions______________________________

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**AUTHORIZATION:**

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Name (Print) ____________________________

Time: __________________
Date: ____________________________
Signature ____________________________