

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: crawlspace 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: _____