Confined Space Written Entry Procedure
To be used in conjunction with Confined Space Hazard Assessment

Location:	Confined Space Description:

I. CONFINED SPACE CLASSIFICATION

This space is a:

- ❑ Permit-Required Space
- ❑ Non-Permit Required Space (Program Administrator Approval)
- ❑ Entry Under Alternate Procedure (Program Administrator Approval
- ❑ Not a Confined Space

II. NOTIFICATION

- ❑ Notification to be given to affected department of service interruption and entry work
- ❑ Pre-Entry briefing on specific hazards and control measures to Confined Space Team

VI. SITE CONTROL

- ❑ Barricades/Guardrails ❑ Warning Sign
- ❑ Rope/Warning Tape ❑ Secure Access Doors
- ❑ Other:

III. SPACE PREPARATION METHODS

❑ Empty ❑ Clean ❑ Purge ❑ Depressurize ❑ Cool ❑ Other:

IV. LOCKOUT / TAGOUT / ISOLATION

❑ Electrical ❑ Hydraulic ❑ Pneumatic ❑ Chemical ❑ Thermal ❑ Radiation
❑ Gravity ❑ Gases ❑ Chemical/ Fluids ❑ Blocking/ Cribbing ❑ Other: _____

Pipeline Isolation

❑ Broken ❑ Blanked/ Blind ❑ Capped ❑ Vented ❑ Double Valve & Bleed ❑ Isolation Valve
❑ Reference established Lockout/Tagout written procedure.

V. HOT WORK / SMOKING

❑ If Hot Work Permit Is Required, Special Precautions for Welding / Cutting: Space must be re-evaluated for hazards and appropriate measures and precautions must be taken.

❑ NO SMOKING PERMITTED IN SPACE AT ANY TIME

❑ Portable Fire Extinguisher (type) _____ Size

VI. VENTILATION

❑ Mechanical Fresh Air Supply (blowing)
❑ Natural Ventilation
❑ Mechanical Exhaust Ventilation
❑ Push / Pull Ventilation System

Ventilator Set-Up / Specifications

❑ Type Ventilator: _____ Size (cfm): _____
❑ Initial Ventilation Purge Time (min.): _____

Intrinsically Safe Blower Unit Required? ❑ Yes ❑ No

❑ Duct (hose) Size (diameter): _____ inches Maximum Number of 90 Degree Bends: _____
❑ Duct Length: _____feet Saddle Vent Required? ❑ Yes ❑ No

Access Openings to Remain Open (secured) to Space During Entry? ❑ Yes ❑ No

Confined Space located in a Hazardous Environment ❑ Yes ❑ No
If yes, Class _____ Group _____ Division _____

Spark Proof Tools Required? ❑ Yes ❑ No

Ventilation Required During Entry Work? ❑ Yes ❑ No

VII. ELECTRICAL EQUIPMENT

- ❑ Generator
- ❑ Battery Operated
- ❑ Low Voltage
- ❑ Ground Fault Circuit Interrupter (GFCI)
- ❑ Double Insulated Tools
- ❑ Positively Grounded Tool / Equipment
- ❑ Explosion Proof Equipment

VIII. ILLUMINATION (TO TAKE INTO SPACE)

- ❑ Portable Electric Safety Lamp
- ❑ Low Voltage
- ❑ Battery Operated Lighting (ex. Flashlights)
- ❑ Light Stations
- ❑ Light Sticks
- ❑ Explosion Proof Equipment
- ❑ Lighting Provided within space
- ❑ String of Lights
- ❑ Others:

IX. PRE-ENTRY AND ENTRY ATMOSPHERIC TESTING (ALWAYS REQUIRED)

* Oxygen ❑ Continuous ❑ Periodic – Frequency
* Combustible Gas ❑ Continuous ❑ Periodic – Frequency
* Toxic ❑ H_2S ❑ CO ❑ Continuous ❑ Periodic – Frequency
Other: _____
PEL for H_2S = 10 ppm, CO = 35 ppm

Instrumentation:

❑ 3-Gas Meter ❑ 4-Gas Meter ❑ Other_____ ❑ Draeger Tubes ❑ Accessories ___

3-Gas meter = % oxygen / % LEL / Toxic. 4-gas meter = % oxygen / % LEL / Toxic / Toxic

X. RESPIRATORY PROTECTION SELECTION

- ❑ Half Mask Air Purifying Respirator for _____.
- ❑ Full Mask Air Purifying Respirator for _____.
- ❑ Powered Air Purifying Respirator for _____.
- ❑ Air-Line Supplied with 5 minute escape cylinder.
- ❑ Self-Contained Breathing Apparatus (SCBA
- ❑ None

XI. MINIMUM PPE* (PERSONAL PROTECTIVE EQUIPMENT)

- ❑ Safety Glasses
- ❑ Welding Helmet
- ❑ Protective Clothing (type) _____
- ❑ Impact Goggles
- ❑ Hard Hat
- ❑ Protective Footwear
- ❑ Chemical Goggles
- ❑ Faceshield
- ❑ Gloves (type) _____
- ❑ Cutting Goggles
- ❑ Hearing Protection:
- ❑ Double Hearing Protection

*PPE requirements must be determined from the activity being performed within the Confined Space.

XII. FALL PROTECTION AND RESCUE DEVICES

- ❑ Davit System / Tripod System
- ❑ Escape SCBA
- ❑ Full Body Harness with "D" Ring
- ❑ Personal Alert and Distress Device
- ❑ Wristlets / Anklets
- ❑ Material Handling Winch
- ❑ Lifeline with Safety Hooks (type) _____ Length _____
- ❑ Special Attachment / Anchor Requirements: _____

_____

_____

_____

XIII. COMMUNICATION EQUIPMENT

Attendant Required? ❑ YES ❑ NO

Between Attendant and Entrant(s):

❑ Verbal (voice) ❑ Radio ❑ Other:

Emergency Notification:

❑ Portable Radio ❑ Telephone

Emergency Telephone Number: _____

Location of Nearest Working Telephone: _____

XIV. RESCUE TEAM

❑ Emergency Rescue Squad ❑ Off-Site Rescue Service ❑ Notify Stand-By Personnel

XV. SPECIAL HAZARDS / REQUIREMENTS / NOTES

Work activities that may result in chemicals, which are not identified on this form, being introduced into the confined space, hot work performed within the confined space, or any other activity resulting in a change in hazards, will require that the space be re-evaluated and chemical(s) approved by the Confined Space Entry Program Administrator.

NOTICE: Any questions / concerns regarding Confined Space Entry – Contact Confined Space Program Administrator.