

### Appendix A - CONFINED SPACE ENTRY FORM

**Title:** \_\_\_\_\_  
**Name (Please Print):** \_\_\_\_\_  
 CS Supervisor \_\_\_\_\_  
 Attendant \_\_\_\_\_  
 Entrant \_\_\_\_\_  
 Entrant \_\_\_\_\_

This form applies to one location only, and cannot be Issued for a time period exceeding an uninterrupted shift.  
 Date of Entry: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 Signature of Supervisor: \_\_\_\_\_

Note: Supervisor signs once space is safe for entry and permit has been reviewed with team.

**Purpose** for Confined Space Entry: \_\_\_\_\_

**Location** of Confined Space: \_\_\_\_\_

**Instructions: Answer All Questions in Sections A and B Then Circle Appropriate Procedures in Section C:**

	<b>? Hazard Evaluation:</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>Elimination/Control Measure</b>
<b>Section A</b>	1.a Does the confined space contain moving parts?	<input type="checkbox"/>	<input type="checkbox"/>		
	.b Can the moving parts be locked out prior to entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.a Does the confined Space contain electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
	.b Can the electrical hazards be locked out prior to entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3.a Does the confined space contain hydraulic or pneumatic hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
	.b Can the hydraulic or pneumatic hazards be locked out prior to entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Section B</b>	4.a Does the confined space contain a solid or liquid engulfment hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	.b Can the engulfment hazard be eliminated prior to entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5.a Does the space contain a constriction hazard (i.e. converging walls)?	<input type="checkbox"/>	<input type="checkbox"/>		
	.b Can this hazard be eliminated prior to entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6.a Does the space contain any other recognized serious hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	.b Can this/these hazard(s) be eliminated prior to entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B</b>	7.a Does the space contain or have potential for a hazardous atmosphere	<input type="checkbox"/>	<input type="checkbox"/>		<i>Some conditions that would cause question 7.a to be answered yes = incomplete combustion, presence of chemicals, decaying organic matter, corrosion, welding, or natural gas or other chemical lines in or around the confined space.</i>
	.b Can the atmosphere be controlled with forced air ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C</b>	<pre>                     graph TD                         Start([START]) --&gt; Q7aA{Is any question in Section A answered Yes?}                         Q7aA -- No --&gt; NoPermit[No permit necessary. Enter space using any necessary precautions.]                         Q7aA -- Yes --&gt; Q7aB{Question 7.a in section B}                         Q7aB -- No --&gt; NoPermit                         Q7aB -- Yes --&gt; Q7bB{Question 7.b in section B}                         Q7bB -- Yes --&gt; FullPermit1[Use full entry permit system.]                         Q7bB -- No --&gt; CanElim{Can Section A hazard(s) be eliminated prior to entry?}                         CanElim -- No --&gt; NoPermit                         CanElim -- Yes --&gt; ElimHaz[Eliminate hazards and then enter space.]                         CanElim -- No --&gt; FullPermit2[Use full entry permit system.]                 </pre>				

**Notify Police Dispatch Just Prior to Entry & If Rescue Services are Needed - Call 422-2222 by Phone**

**List Equipment Necessary for Safe Entry, Including Gloves and Other PPE:**  
 Calibrated Confined Space Meter  
 Phone / Radio (Circle)

	<b>Acceptable Levels</b>	<b>Readings upon entry:</b>	<b>Time:</b>	<b>Additional Readings:</b>	<b>Time:</b>	<b>Duration:</b>
<b>Air Monitoring Log</b>	19.5% to 23.5% Oxygen					
	<10% Lower Explosive Limit					
	<10 ppm Hydrogen Sulfide					
	<35 ppm Carbon Monoxide					
	Other:					

List any problems encountered during entry, and any other applicable permits used during entry on back of form.