

Confined Space Pre - Entry Survey

Date: _____

Project Name: _____ Job Number: _____

Work Location: _____

Entry Purpose: _____ Time: _____

Superintendent: _____ Foreman _____

Tester Model	Serial Number			Calibration Date		
Air Monitoring Test(s)	Time	Time	Time	Time	Time	Time
Percentage of Oxygen (O ₂) (19.5 % - 23.5%)						
Lower Explosive Limit (LEL) (Under 10%)						
Carbon Monoxide (CO) (+35 PPM)						
Hydrogen Sulfide (H ₂ S) (+10 PPM)						

Hazard Assessment

- Has work been planed, reviewed with work crew and all training conducted?
- Has an inspection been conducted on all tools and equipment for defects?
- Is there adequate light for the task?
- Is a Lock - out / Tag - out system required?
- Is continuous atmosphere monitoring required?
- Is continuous ventilation required?
- Is there any environmental or biological hazard in work area?
- Is there any materials harmful to health in work area?
- Is there any flammable materials in the work area?
- Is there any toxic material in the work area?
- Is there any engulfment hazards in the work area?

YES NO

Standby / Rescue

- Standby person on the outside in constant visual or audible communication
- Standby person been trained in rescue / retrieval procedures
- Are rescue procedures available and can they be followed in an emergency
- Will safety lines and harness be required to remove a person

Other Required Permits

Excavation _____ Hot Work _____ Line Break _____

This is a **Non - Permit** Confined Space

--	--

Emergency Phone Number

911

Confined Space Permit Number Log

[illegible]

Monitor Calibration Log

File: 4.27

Month:

Job Name:

Job Number:

[illegible]