

<b>BROWN AND CALDWELL</b>	<h1 style="margin: 0;">Confined Space Pre-Entry Checklist</h1>
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Work Location	Date and Time Issued	Date and Time Expires
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Team Supervisor	Equipment to be Worked on
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PRE-ENTRY (see Safety Manual Procedure)	ENTRY (see Safety Manual Procedure)																																												
<b>1. INITIAL ATMOSPHERIC CHECKS</b> Time _____ Oxygen _____ % Explosive _____ %L.E.L. Toxic _____ PPM	<b>1. ENTRANTS, STANDBY AND BACKUP PERSONS</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Successfully completed required training?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Is it current?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	Successfully completed required training?	<input type="checkbox"/>	<input type="checkbox"/>	Is it current?	<input type="checkbox"/>	<input type="checkbox"/>																																			
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<b>2. SOURCE ISOLATION</b> Have pumps or lines been blinded, disconnected, or blocked? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">N/A</td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: right;">_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		N/A	YES	NO	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2. EQUIPMENT</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">N/A</td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: right;">Direct reading gas monitor—tested?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Safety harness and life-lines for entry and standby persons?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Hoisting equipment?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Powered communications?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">SCBAs for entry and standby persons?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">All electrical equipment explosion-proof?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Protective clothing?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">All electrical equipment listed Class I, Division 1, Group D and non-sparking tools?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		N/A	YES	NO	Direct reading gas monitor—tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety harness and life-lines for entry and standby persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hoisting equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powered communications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCBAs for entry and standby persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All electrical equipment explosion-proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protective clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All electrical equipment listed Class I, Division 1, Group D and non-sparking tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>3. VENTILATION MODIFICATION</b> Will mechanical system be used? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">N/A</td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: right;">_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		N/A	YES	NO	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
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<b>4. ATMOSPHERIC CHECK AFTER ISOLATION AND VENTILATION</b> Time _____ Oxygen _____ % > 19.5% Explosive _____ % L.E.L. < 10% Toxic _____ PPM < 10 PPM H <sub>2</sub> S																																													
<b>5. OTHER PERMITS OBTAINED</b> Burning and Welding (Hot Work)? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">N/A</td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> </tr> <tr> <td style="text-align: right;">_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Lockout/Tagout?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>If conditions comply with the above requirements and there is no reason to believe conditions may change adversely, proceed to the next column, complete this form, and post it with the permit, HS-09.</p>		N/A	YES	NO	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockout/Tagout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3. RESCUE PROCEDURE</b> Fill in contact name, agency or company and phone number. _____ _____ _____																																
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We have reviewed the information contained herein. Written instructions and safety procedures have been received and understood. Entry cannot be approved if any questions above are marked "NO." this checklist is not valid unless all appropriate items are completed. Proceed to the Confined Space Entry permit unless application of the Confined Space Decision Matrix indicates otherwise.

Permit and Checklist Prepared by (Supervisor)	Approved by (Supervisor)
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Reviewed by (Confined Space Operations Team) <i>Printed Name</i> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<i>Signature</i> _____ _____ _____ _____
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**NOTE: This checklist is to be kept at the work location.  
 Return work location copy to Health and Safety Director following job completion.  
 Place completed form in project file.**

**BROWN AND  
CALDWELL**

# Confined Space Entry Permit

CONFINED SPACE

HAZARDOUS AREA

Permit valid for 8 hours only. All copies of permit will remain at jobsite until job is completed.

Work Location and Description	Purpose of Entry
Supervisor in Charge of Team	Job Number
Team Members	Phone Number (mobile, facility or other)

Requirements Completed (**BOLD** denotes minimum requirements to be completed and reviewed prior to entry. For items that do not apply, enter "NA" in the blank.

<u>Requirements Completed</u>	<u>Date</u>	<u>Time</u>	<u>Requirements Completed</u>	<u>Date</u>	<u>Time</u>
<b>Lockout/Deenergize/Tagout</b>	_____	_____	<b>Emergency Escape Retrieval Equip</b>	_____	_____
<b>Line(s) Broken-Capped-Blanked</b>	_____	_____	<b>Lifelines</b>	_____	_____
<b>Purge-Flush and Vent</b>	_____	_____	Fire Extinguishers	_____	_____
<b>Ventilation</b>	_____	_____	Lighting (Explosion Proof)	_____	_____
<b>Post Area</b>	_____	_____	Protective Clothing	_____	_____
<b>Rescue Breathing Apparatus</b>	_____	_____	<b>Respirator(s) (Air Purifying)</b>	_____	_____
<b>Standby Safety Personnel</b>	_____	_____	Burning and Welding Permit	_____	_____
<b>Full Body Harness with "D" ring</b>	_____	_____			

## Record Continuous Monitoring Results Every 2 Hours

<u>Continuous Monitoring</u>	<u>Permissible</u>				
<u>Test(s) to be Taken</u>	<u>Entry Level</u>	<u>Monitoring Results</u>			
Percent of Oxygen	19.5% to 23.5%	_____	_____	_____	_____
Lower Explosive Limit	Less than 10%	_____	_____	_____	_____
Carbon Monoxide	Less than 35 PPM+	_____	_____	_____	_____
Hydrogen Sulfide	Less than 10 PPM+ 15 PPM*	_____	_____	_____	_____

\* Short-term exposure limit: Employee can work in the area up to 15 minutes.

+ 8-hour time-weighted average: Employee can work in area 8 hours (longer with appropriate respiratory protection).

### Monitoring Conducted by

<u>Name</u>	<u>Instrument(s) Used</u>	<u>Model and/or Type</u>	<u>Serial and/or Unit No.</u>
_____	_____	_____	_____
_____	_____	_____	_____

### Safety Standby Person (attendant) is Required for all Confined space Work

Name of Safety Standby Person	Emergency Assistance (fire dept, paramedics, private co, other?)
Name of Supervisor Authorizing Entry	Emergency Phone Number
All Above Conditions Satisfied (Supervisor's Signature)	Supervisor's Phone Number

**NOTE: Original to work station; then to Health and Safety Director.  
Copy to project file.**