

Manufacturing Confined Space Entry Checklist

Safety & Compliance

DATE	TIME OF ENTRY	PERMIT NUMBER	CONFINED SPACE ID / LOCATION	PURPOSE OF ENTRY	ENTRY SUPERVISOR	ATTENDANT	ENTRANT(S)
____/____/____							

PRE-ENTRY HAZARD CONTROLS

- Space has been emptied / purged
- Lockout/tagout completed on all energy sources
Electrical, mechanical, hydraulic, pneumatic, chemical
- Pipelines blanked or disconnected
- Space ventilated with forced-air blower

 Hot work permit obtained (if applicable) Yes No N/A

ATMOSPHERIC TESTING

- Gas monitor calibrated and bump-tested

Oxygen (O?) _____ % 19.5–23.5%

Lower Explosive Limit (LEL) _____ % < 10%

Carbon Monoxide (CO) _____ ppm < 25 ppm

 Hydrogen Sulphide (H₂S) _____ ppm < 10 ppm

Other hazardous gas (specify) _____

 All readings within safe limits Yes No

- Continuous monitoring device placed inside

PERSONAL PROTECTIVE EQUIPMENT

- | | |
|--|---|
| <input type="checkbox"/> Hard hat | <input type="checkbox"/> Full-body harness with lifeline |
| <input type="checkbox"/> Safety glasses / goggles | <input type="checkbox"/> Respiratory protection (if required) |
| <input type="checkbox"/> Gloves (appropriate type) | <input type="checkbox"/> Hearing protection (if required) |
| <input type="checkbox"/> Safety boots (steel toe) | <input type="checkbox"/> Protective clothing / coveralls |

COMMUNICATION & RESCUE

Communication method established _____

- Rescue equipment staged at entry point
- Mechanical retrieval device attached to entrant
- Rescue team on standby or emergency services notified
- Emergency contact number posted at entry

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Attendant has clear line of sight to entrant Yes No

ENTRY AUTHORIZATION

- All hazards identified and controlled
- All personnel briefed on hazards and procedures

Entry Supervisor signature _____

Permit valid until (time) _____

Permit cancelled (time) _____

Space returned to normal operations

Notes

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