

OSHA Confined Space Entry Checklist

Safety & Compliance | US

DATE	SPACE NAME / LOCATION	PURPOSE OF ENTRY	ENTRY SUPERVISOR	PERMIT VALID FROM	PERMIT VALID UNTIL
___ / ___ / ___					

ATMOSPHERIC TESTING

O₂ level _____ % 19.5–23.5%

LEL level _____ % LEL < 10%

CO level _____ ppm < 25 ppm

H₂S level _____ ppm < 10 ppm

Other toxic gas (specify) _____

Continuous monitoring in place? Yes No

Atmosphere acceptable for entry? Yes No — do not enter

HAZARD CONTROLS

	DONE	N/A		DONE	N/A
Space isolated from energy sources <small>LOTO per 1910.147</small>	<input type="radio"/>	<input type="radio"/>	Forced-air ventilation in place	<input type="radio"/>	<input type="radio"/>
Mechanical equipment locked out	<input type="radio"/>	<input type="radio"/>	Engulfment hazards controlled	<input type="radio"/>	<input type="radio"/>
Lines blanked, bled, or disconnected	<input type="radio"/>	<input type="radio"/>	Hot work permit (if welding / cutting)	<input type="radio"/>	<input type="radio"/>

PPE & EQUIPMENT

Calibrated 4-gas monitor OK Not OK

	OK	NOT OK	N/A
Harness and retrieval line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tripod / davit rescue system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SCBA / SAR available (if needed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		OK	NOT OK
Communication equipment tested		<input type="radio"/>	<input type="radio"/>
Lighting — intrinsically safe		<input type="radio"/>	<input type="radio"/>

PERSONNEL & RESCUE

	OK	NOT OK		OK	NOT OK
Authorized entrant(s) trained	<input type="radio"/>	<input type="radio"/>	Rescue service notified / on standby <small>29 CFR 1910.146(d)(9) — rescue within time limit</small>	<input type="radio"/>	<input type="radio"/>
Attendant assigned — will not enter	<input type="radio"/>	<input type="radio"/>	Rescue equipment positioned at entry	<input type="radio"/>	<input type="radio"/>
Entry supervisor on site	<input type="radio"/>	<input type="radio"/>	911 contact confirmed	<input type="radio"/>	<input type="radio"/>

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PERMIT AUTHORIZATION

Entry supervisor signature _____

Attendant name _____

Entrant 1 — name / time in / time out _____

Entrant 2 — name / time in / time out _____

Entrant 3 — name / time in / time out _____

Permit cancelled at (time) _____

Problems encountered

Notes

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