CONFINED SPACE PREENTRY CHECK LIST

ITE ID # ID #: _____-_____-_____-_____-_____ S.O.P. Required ☐
BLDG# YR MO DA ID# Contingency Plan

Location of Space _____
Function of Space _____

Classification: Catastrophic ☐ Critical ☐ Marginal ☐ Negligible ☐
Probability: A-Proable ☐ B-Reasonably Probable ☐ C-Remote ☐ D-Extreme Remote ☐

ATMOSPHERIC GAS TESTING

	Location	Reading		N/A	POS	Type of Gas
AA-Oxygen Deficiency	_____	_____	%PPM/PPB	☐	☐	N/A
BB-Carbon Monoxide	_____	_____	%PPM/PPB	☐	☐	N/A
CC-Hydrogen Sulfide	_____	_____	%PPM/PPB	☐	☐	N/A
DD-Sulfur Dioxide	_____	_____	%PPM/PPB	☐	☐	N/A
EE-Chlorine	_____	_____	%PPM/PPB	☐	☐	N/A
FF-Nitrous Dioxide	_____	_____	%PPM/PPB	☐	☐	N/A
GG-Methane	_____	_____	%PPM/PPB	☐	☐	N/A
HH-Flammibility	_____	_____	%LEL	☐	☐	
II-Toxic	_____	_____	%PPM/PPB	☐	☐	
JJ-Other_____	_____	_____	%PPM/PPB	☐	☐	

PERSONAL SAFETY

Ventilation Requirements	Positive Pressure-☐ Negative Pressure-☐ Natural-☐	
Respirators	Full Face Neg-☐ Full Face Supplied-☐ SCBA-☐	N/A-☐
Clothing Full Body	Level A-☐ Level B-☐ Level C-☐	N/A ☐
Hand and Foot Protection	Leather-☐ Butyl-☐ Nitrile-☐ Silver Shield-☐	N/A ☐
Shields	Glasses-☐ Goggles-☐ Full-Coverage Face-☐	N/A ☐
Head Protection	Hard Hat-☐ Helmet w/shield-☐ Other_____	N/A ☐
Life Line and Harness	Yes ☐ No ☐	N/A ☐
Lighting	Permanent ☐ Portable ☐ Flashlight ☐	N/A ☐
Communications	Telephone ☐ FM Portable Radio ☐	N/A ☐
Buddy System	Yes ☐ No ☐	N/A ☐
Standby Person	Yes ☐ No ☐	N/A ☐
Emergency Egress Procedures	Yes ☐ No ☐	N/A ☐

If no or N/A to any of the above questions explain why._____

HA RDS EX CTED

A-Radon	☐	F-Cleanin (Ex: hemica or Warer	☐	K-Elec ical Shock	☐
B-Hot Equipmert	☐	G-Spark P oduci Opera ons	☐	L-Toxi Materials	☐
C-Noise	☐	H-Spilled Liqui	☐	M-Pres re Systems	☐
D-Asbestos	☐	I-Corrosi e Bas above .0 ph	☐	N-Acid elow 4.0 p	☐
E-Drains Open	☐	J-Flammab e Mat ials	☐	O-Othe _____	☐

Test Performe By _____ _____
Print Name Signature

AUTHORIZATION

Supervisor _____ _____
Print Name Signature

Safety Supervisor _____ _____
Print Name Signature

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